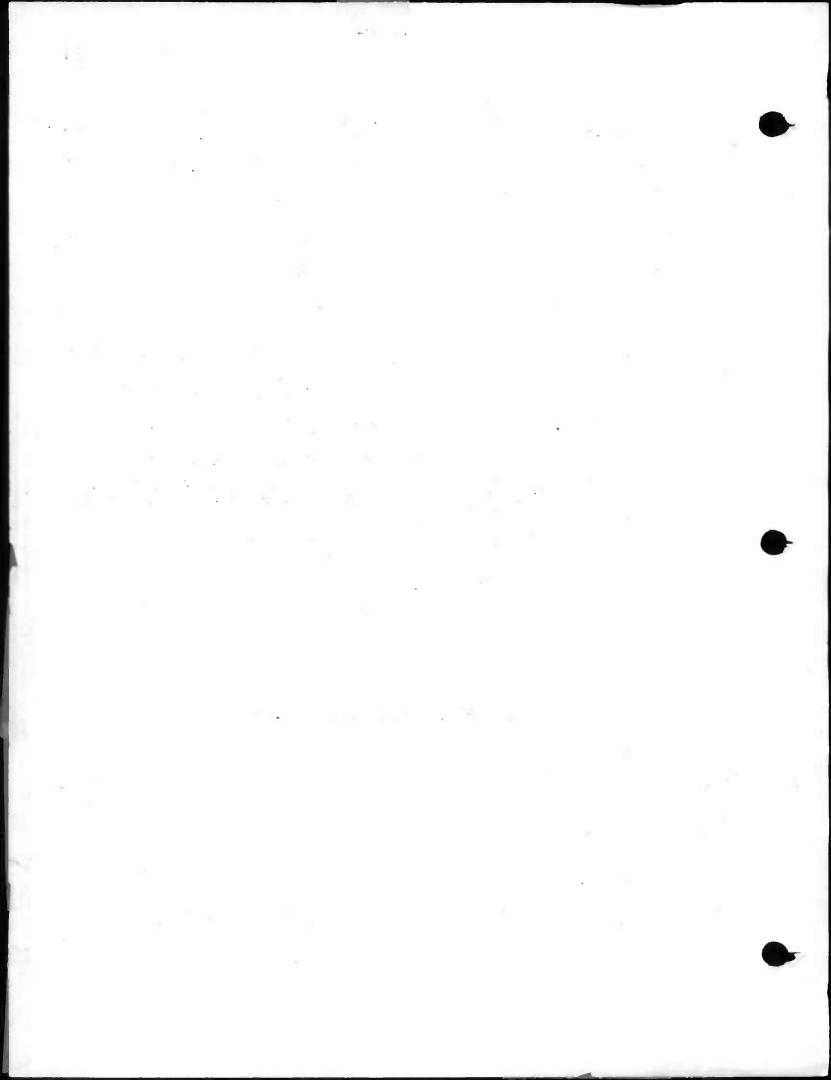
	6	5		ı
	E	0		ı
	Spi	bed		ı
	2	atac	9	ı
	\$	Ö	0	ı
	2	Ď.	69	ı
	Dec	70	ije.	ı
	etai	S.	. to	ı
	90	9	=	
	ag.	ba	Ā	l
	9	tor.	S	ı
	98	irec		
	2	100	E	l
	ath	Jue	E	
	P	at fe	CX	l
	afte	D VOE	cai	Г
	LIS I	in the	P	l
ı	0	ed .	E	
	2	y fil	#	
	di.	eme	Ħ,	
	× P	GE .	94	
	cute	d C	ic.	
	SK SK	a do	E	
	28	ciar	35	
	cate	A DO	7	
	THE STATE OF	d Di	ŧ	
	93	P B	20	
	leat	atte	5	
	Je o	the Me	큳	
	at	ある	y ii	
	S	를	9	
	uire	Sig	× 2	
	9	o ee	Sho	
	J.	as b	23	
	The	te h	E	
	Š	fical	=	
	3	the	ō	
	¥S	Nich Vith	Pe	
	9	th th	Te!	
	S	Aff	2	
	EN	DR.	00	
	A	ECT a	2	
	N.	Pilo	Te.	
	TAL	N N	=	
	SPI	NEF	빏	
	웃	5 1	M	
	THE	THE	2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up to filed within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremanation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
			- 1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF H	IEALTH AND	MENTAL	HYGIENI REG. NO.	E			
	1. OECEOENT'S NAME (First, Middle, Lest)  CORNELIO	CORNELIA (	NMN)	AMOS		MONTH	OF DEATH		7EAR 3.	TIME OF DEATH	P
		1 D M 2 🔀 F 88	rs. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Apri	Des Hours	1906	Mary		jn
CTOR	96. FACILITY NAME (If not institution, give street and number)  Harford Memorial Hospital  RESIDENCE OF DECEDENT  96. COUNTY OF D  Havre de Grace  Harford Memorial Hospital										
DIRECTOR		rford		y, town on locat Edgewood						d. INSIDE CITY LIMITS?  YES 2 NO	,
FUNERAL	1809 Larch Dr.	12 MMC DECEDENT EVED WAY			21040				US		
B≺	1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 XNO	If yee, sp	ENDENT OF HISP ecify Cuban, Maxie 2 NO Spec	can, Puarlo R	? (Specify Yes ican, atc.)	or No — 14	Black, W Specify:	American Indian, hite, atc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 18 cmpleted) 18 College (1-4 or 5+)	(Give kind of life, Do NOT u		ON est of working	16b.	KINO OF BUS	INESS/INDUS	TRY		
NO.	17. FATHER'S NAME (First, Middle, Last)		поі	memaker	18. MOTHER'S N	NAME (First, M	liddle, Maiden	Surname)			
BE C	Walter Scott Amo	os			Florer		ebecca				
2	190. INFORMANT'S NAME (Type/Print) Helen I. Sylvester	^				d Number or Rural Route Number, City or Town, State, Zip Code)					
	Helen I. Sylvester    1809 Larch Dr., Edgewood, Md. 21040   20c. METHOD OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   Cemester, crematory or other place   St. Mary's Episcopal Cemetery   11-4-94 Emmorton, Md.										
St. Mary's Episcopal Cemetery 11-4-94 Emmorton, No. 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, F. 1317 Cokesbury Rd., Abingdon, Md. 210									me. P.A.		
		st Dniy Dna cause Dn each	ine.	not entar tha mo	da of dying, au	ich an card	ac or respin	atory arres	t,	Approximata Interval Betw	veen
	immediate Cause (Final disease or condition resulting in death)  A Cute Pulmoneury Eslens 2 h rs										
NO	Sequentially list conditions,									10/123	,
CERTIFICATION	CAUSE (Disease Dr injury that initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):										
SERT	resulting in death) LAST				. 35						
PHYSICIAN: MEDICAL (	PART II. Other aignificant conditions	contributing to death but	nDt resulting	in the underlying	g cause given i	n Part i.	24a. WAS AN / PERFORI	MED?	AW/ CO	RE AUTOPSY FINDIP AILABLE PRIOR TO MPLETION OF CAUS DEATH?	- 10
N: ME	DID TOBACCO USE CO	ONTRIBUTE TO CA	AUSE OF	DEATH Y	ES NO	N C			1 (	YES 2 NO	1
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	Check only one	)				
HYS	1 ☐ YES 2 NO 1	I ☐ Inpstient 2 MER/Outpatie	ont 3 DOA	4 - Nursing Hom		_	(Specify)	HIBY OCCUR	PED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY WO	RK? /ES 2 NO	100.023	PRIBE NOW IN	JOH! OCCUP	TED		
	3 Suicide 8 Could not be 4 Homicide detarmined	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledg On the basis of examination an	ge, death occurre	ed at the time, date on, in my opinion, d	end place, and du	re to the caus	e(e) end man	ner ea atated. I due 10 tha c	:ause(s) en	d manner as state	d.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	M			29c. LICENSE NI	UMBER 69		29d. DATE S	IGNED (Ma	onth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WIND O	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type		3 4 4 8 42		St. A	Parro	M	21677	1 .
31. DATE FILENON DO 197 1994 32 REDISTRANS ENGLISHED STORY OF GOOD STORY OF THE STORY OF GOOD THAT STORY OF										your	



Ų
0
Ø
7
6876
Ó
$\times$
BOX
m
_
·
P.0
۰.
S
~
4
RECORDS
()
iii
==
Œ
=
4
$\vdash$
/ITAL
_
LL.
ō
OF VI
-
~
0
-
DIVISION
-
-
$\overline{}$

8		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 may be retained by the attending physician and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	TEGIOTIAN				LHIII	ICATE	Or DE	EAIR		REG. NO.	_		
	1. DECEDENT'S NAME (First, M	liddle, Last) Vayne	2 L.	Allsuo	}				2. DATE OF MONTH	OEATH DA	NY.	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	, 7	s. SEX	6. AGE (In yrs. le	st birthday)	#F UNDER 1 Y	EAR JE I	UNDER 24 HRS.	7. DATE OF	BIRTH	1	A RIPTHO	LACE (State or Follows
	770-70-19	10/1	M 2   F	35	YRS.	MONTHS D	AYS HO	URS MIN.	(Month, D			Country) MARYI	AND
e G	9a. FACILITY NAME (If not institution, give street and number)  ANNE ARUNDEL MEDICAL CENTER					WN OR LO	IS	EATH /	/	ANNE ARUNDEL			
DIRECTOR	RESIDENCE OF DECE												
2		Ob. COUNTY	ADIMIDE	,		Y, TOWN OR							IOd. INSIDE CITY LIMITS?
	MARYLAND ANNE ARUNDEL  10e. STREET AND NUMBER				ANNAPOLIS								XXYES 2 NO
BY FUNERAL	1124 EASTPORT TERRACE				10f. ZIP CODE 21403			3	10g. CITIZEN OF WHAT USA				
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. A  13. WAS DECEDENT EVER IN U.S. A  FORCES? 1 YES 2				ARMED 13. WAS DECENDENT OF HISPA			NIC ORIGIN? (S	pecify Yea	or No-	14. RACE -	- American Indian, White, atc.	
	1 Note    1 Note		IF YES, GIVE W	AR OR DATES	X	of If yea, specify Cuben, Maxican, Puerto F  1 ☐ YES ※ NO Specify:				n, atc.)		Specify	
		ENT'S EDUCAT		(6	give kind of u	USUAL OCCU	PATION	undkina	16b. KII	NO OF BUS	INESS/INC		ALL
COMPLETED	Elementary/Secondary (0-12		College (1-4 or 5+	Lida .	. Do NOT us	se retired.)	ig most or t	working.					
MP	12th				PORTE	R					COVE		
BE CO	17. FATHER'S NAME (First, Midd WILLIAM E.		P				18.	SARAI	ME (First, Midd H L. W.	ALKEF	Sumame)		
TO B	19a. INFORMANT'S NAME (Type SARAH L. WRI			19	b. MAILING	ADDRESS (S	reet and Nu	Imber or Rural ERRACE	ANNAP	OLIS,	n, State, Zip	2140	)3
	20e. METHOD OF DISPOSITION		_										
	1 XXBurial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp	3 Ramova	ol from State	cemetery, cre	ematory or of	OF DISPOSITION (Inter place) MEM.			1/11/9			LIS, N	
ANNAPOLIS MEM. GARDENS 11/11/94 ANNAPOLIS, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  REESE & SONS MORTUARY, P.A.													
	Larry	-	ese			821	WEST	r st.	ANNAPO	LIS,	MD.	21401	
	23. PART I. Enter the dise ahock, or had	eases, or con rt fellure. Lia	nplications that	caused the de	esth. Do n	ot anter the	moda p	f dying, auc	h es cardiac	or reaple	ratory sm	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final												
ļ	reaulting in death)	a	DUE TO (O) AS A CONSEQUENCE OF):										
	DUE TO (Off AS A CONSEQUENCE OF):												
EDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate  Due to (or as a conscouence of):  A 1 D 5 (Acquired immune deficiency syndrama) /2 years												
SAT	cause. Entar UNDERLYING	3				,-			,	•			0
Ĕ	CAUSE (Disesse or Injury that initiated evants		DUE TO	OR AS A CONSE	OUENCE OF	7):							
E	resulting in death) LAST	d											
2	PART II. Other significant	conditions	ontributing to	death but not	resulting i	n the unde	lying cau	ısa given in	Part I. 24	, WAS AN	AUTOPSY	24h. W	VERE AUTOPSY FINDINGS
5							,	<b>3</b>		PERFOR	MED?	A	WAILABLE PRIOR TO
									1	YES 2	XNO	٥	OF DEATH?
Σ	DID TOBACCO USE	CONTRIE	BUTE TO CAL	ISE OF DEA	TH YE	S $\square$ NC	N II	NCEPTAIR	N D			'	YES 2 NO
Ř	25. WAS CASE REFERRED TO N	MEDICAL				H (Check only		TTOLKIAII	101				
Sic	EXAMINER?		OSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home 5	Residence	8 Other (Sc	pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF I		26b. TIMI	E OF 28	. INJURY /		26d. DESCRI		JURY OCC	CURED	
BY	1 Natural 5 Per 2 Accident Inv	nding eatigation					YES	2 NO					
		uld not be ermined	28e. PLACE OF building, a	INJURY — At ho itc. (Specify)	ome, term, s	treet, factory,	office		281. LOCATIO City or To	N (Street a	nd Number	or Rural Rou	ite Number,
	An OFFICIER A							S. F					
COMPLETED	(Check only		N: To the beat of a										ind manner as stated.
шШ	29b. SIGNATURE AND TITLE OF		011	γ) .	WX			LICENSE NUM					fonth, Day, Year)
TO B	20 NAME AND ADDRESS OF THE		JULIE	Nian	PUL	<u> </u>		0291	93		<b>&gt;</b>	11.8	-94
	Stephen E	. Kill	Can , M	B OF DEATH (ITE	M 27) (Type,	Print) admi'i	re O	Coch	are	De .	An	0.00	MA 21401
	31. DATE FILED (Month, Day, Year NOV 10		32. REGISTRAF	S SIGNATURE			~		440		, 47/1/	upou.	. W (01
	NOV TO	1994	fullad	mander	probable								l l

DHMH-16 Rev 1/89

# IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)  DAVID LE:	E AULTON				2. DATE OF DEATH	MY YE	AR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-12-8178	1 ⊠ № 2 🗆 F 7	(In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 4 19	8. B	COUNTRY) ARYLAND		
TOR	99. FACILITY NAME (If not institution, give s  KNOLLWOOD MANOR I  RESIDENCE OF DECEDENT	·		RSVILLE	DEATH	9c. COUNTY O	OF DEATH E ARUNDEL			
DIRECTOR	10e. STATE 10b. COUNTY	INE ARUNDEL 10c. CITY, TOWN OR LOCAL CROWNSVILL						10d, INSIDE CITY LIMITS? 1 XXES 2 NO		
FUNERAL	1272 SHERIDAN DR	DRIVE			21032		US	10g. CITIZEN OF WHAT COUNTRY? USA		
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ ¥ES 2 ☐ NO IF YES, GIVE WAR OR DATES			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yet yes, specify Cuben, Mexican, Puerto Rican, etc.)     YES 2 Specify:			Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life. Do NOT us	work done during me retired.)	ost of working					
OME	12th 17. FATHER'S NAME (First, Middle, Last)		COMMUNICA	ATTON OF		FEDERAL		NMENI		
BE C	CHARLES AULTON					ERINE HALL				
TO B	19e. INFORMANT'S NAME (Type/Print)							(e)		
ř	LUCY H. AULTON		1272 S	HERIDAN	DRIVE C	ROWNSVILLE	, MD. 2	21032		
	20b. PLACE AND DATE   20b. PLACE AND DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE   20c. LOCATION — CITY   20b. PLACE AND DATE   20c. LOCATION — CITY   20b. PLACE AND									
	REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401							401		
		List only one cause on a	ach lina.					Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	mmodiate ERLYING r Injury  DUE TO (OR AS A CONSEQUENCE OF):  - 'ng dfs the bance's  2 month								
PHYSICIAN: MEDICAL C	PART II. Other significant condition  Multiple  Physican	Infarct	De me	n tha underlyin	g cause given in	in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF DEATH?  1 YES 2				
XA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (C	heck only one)				
Sic	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	Partient 3 DOA	OTHER: 4 (X Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)				
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b, TIMI	URY W	JURY AT ORK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURE	D		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	281. LOCATION (Street City or Town, State,	and Number or Ro	ural Route Number,				
COMPLETED		CIAN: To the best of my know						use(e) end manner se stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	we.	-		29c, LICENSE NU	MBER 756	29d. CATE SIG	S - GC		
10	30. NAME AND ADDRESS OF PERSON WH	1/0	ATH (ITEM 27) (Typo,	17.77	M.D.I	105 /				
	31. DATE FILED (Month, Day, Year) NOV 1 0 1004	32. REGISTRAR'S SIGN								

	an.	ransit pen	,;rili w
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
760	ed with no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the m
DIVISION OF VITAL RECORDS, P.O. BOX 68760	cate be execute	hysician and ca	or traumatic
S, P.O.	e death certific	d attending p	lury, or other
ECORD	quires that the	n signed by the Health and N	ows any in
ITAL B	N: The law re	ficate has bee State Dept. o	Hem 23 sh
NOF	NG PHYSICIA	fter this certif	marked, or
DIVISIC	OR ATTENDI	DIRECTOR: A hours after de	item 28 is
	THE HOSPITAL	THE FUNERAL IND 72	ORTANT: IL
	2	2 %	H

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	0 1				2. DATE OF DEATH	AY YE	3. TIME OF DEATH		
	Carson	Adams				11 13	94	C SO A M		
0	218-82-9178	₩2□F 4	yrs. last birthday) 4 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb 28 19	950 PG	HATTHPLACE (State or Foreign Country) Ort Deposit MD		
OR		and number) ial Hospita	1		de Grace		90 COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	r, TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MD Cecil	L	Co	olora				1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE			OF WHAT COUNTRY?		
NE	470 Firetower Rd	2. WAS DECEOENT EVER IN			21917		USA			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ENGENT OF HISPAN ecify Cuben, Mexicar 2 NO Specify		RACE — American Indien, Black, White, atc. Specify: LITE			
	1S. DECEDENT'S EDUCAT (Specify only highest grade con	ION mpleted)	18e. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF BU	SINESS/INOUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	st or working	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
MP.	0 0  17. FATHER'S NAME (First, Middle, Last)		never v	vorked		NONE				
ЕСС	Clarence Adams				Ada Blal	WE (First, Middle, Maiden kelev	Sumame)			
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		loute Number, City or Tou	vn, State, Zip Code	0)		
5	Ada Adams		470 F:	iretower	Rd Colo	ra MD 2191	.7			
	20a. METHOO OF DISPOSITION  1 Secretary Burlal 2 Cremation 3 Remova 4 Donation S Other (Specify)	il from State 20b. F	PLACE AND DATE Of tery, cremetory or of W Bridge	proisposition(Na her place) Baptis	meof t Nov 16	OATE 20c. LC	cation — city of			
	21. SIGNATULE OF PUR RAL SERVICE LICEN	BEE / / N	1	22. NAME AN	ID ADDRESS OF FAC	eral Home				
	Tichard	Z. I Ko	1/0			t Rising S	Sun MD 2	21911		
	23. PART I. Enter the diseases, or construction of the constructio	CAA	also K	Kullon A.	de of dying, such		iratory arrest,	Approximate interval Between Onset and Death		
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A C	CONSEQUENCE OF	7):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	7:						
	CAPT II Other plantificant and distance									
DICAL	PART II. Other significant conditions of					Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME		TAL + PHYSIC				_		1 TES 2		
AN	DID TOBACCO USE CO	NTRIBUTE TO C	CAUSE OF							
SICI	EXAMINER?	IOSPITAL:	tlent 3 DOA	OTHER:	ACE OF DEATH (Che			·		
Y PHYSICIAN: MEDIC	27. MANNER OF OEATH  1 Natural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	OF 28c. INJ		28d. OESCRIBE HOW	INJURY OCCURE	D		
2 Accident investigation							and Number or Re	ural Route Number,		
,E	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	doe death occum	d at the time date	and place, and due	In the name (a) and man				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: (							use(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER 800	29d, DATE SIG	NED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF CEAT	TH (ITEM 27) (Type,	Print)	Al-, N	4160	JUZ	8		
	31. DATE FILEO (Month, Day, Year) NOV 1 4 '94	32. RECUSTRAR'S SIGNAT	TURE			w 0- ; c	4/5/6	2		

 FOR

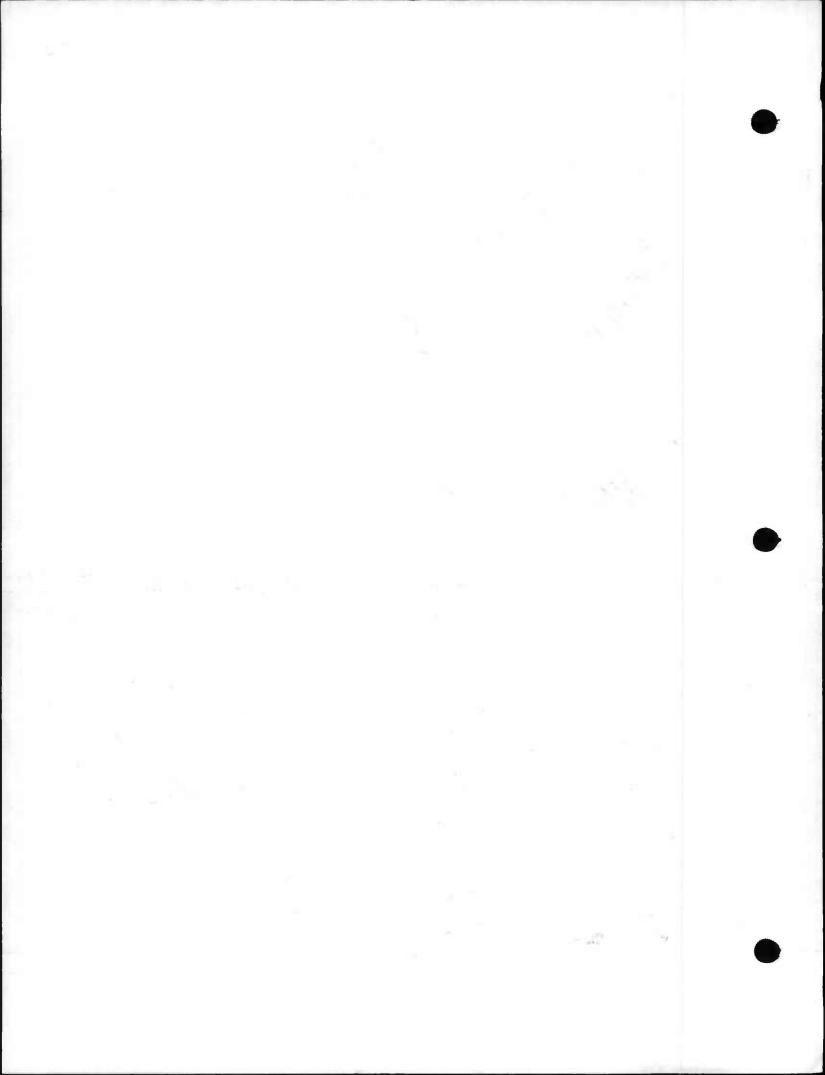
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR	OHILL OF WHILL		CATE OF DEA		REG. NO.	_		
1. DECEDENT'S NAME (First, Middle,	Last)				DATE OF DEATH		YEAR	3. TIME OF DEATH
ROBERT	CALVIN ARN	IOLD JR.			11 0		94	4:20 P
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		_	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
216-07-9345		8 4 yrs.	IONTHS DAYS HOURS	MIN.	05 24	10	OODINI	"Md.
9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN OR LOCAT	IDN OF DEATH		9c. COUN	ITY OF D	EATH
SACRED HEA	RT HOSPITAL	i	CUMBERLAN	D		AT.T.	EGAN	IY
RESIDENCE OF DECEDER	OUNTY	40a CITY	TOWN OR LOCATION					
								10d. INSIDE CITY
10a. STREET AND NUMBER	Allegany	we	sternport			·		1 X YES 2 NO
	· . 1		10f. ZIP COL			10g. CITI		VHAT COUNTRY?
21/ MCK:	inley St.		215			<u> </u>	US	
1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2X NO	13. WAS DECENDENT If yes, specify Cub	an, Mexican, P	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, alc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO	Specify:		ŀ	Speci	White
15. DECEDENT	S EDUCATION	16a, DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	INESS (IND	LICTOV	WHI CC
(Specify only highes: Elementary/Secondary (0-12)	f grade completed)	(Give kind of wo	rk done during most of work	ing	IOD. KIND OF BOS	SINC 35/IND	USINI	
1 2.	College (1-4 or 5+)	Resear	ch Chemis	t.	Paper	Manı	ıfac	turing
17. FATHER'S NAME (First, Middle, La					(First, Middle, Maiden		1140	culling
Robert Ca	alvin Arnold	Sr.			Biddle			
19a. INFORMANT'S NAME (Type/Print	)	19b. MAILING A	DDRESS (Street and Number				Code	
Margueri	e Arnold		McKinley					21562
20a. METHOD OF DISPOSITION	20	Db. PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c LO	CATION —	City or To	wn. State
1 R Burial 2 Cremation 3 4 Donation 5 Other (Specify	Ramoval from State	Phi Les	Cemetery	11+	10-94 W	este	rnn	ort Md
21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	//	Boal Fu	SS OF FACILI	TY _	0000	-1119	ore, me.
1 10/11	10 151	718						
23. PART I. Enter the disease:	au -		111 Chu	rch S	t. West	ernp	ort	, Md.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	- Cara	A CONSEQUENCE OF) A CONSEQUENCE OF)	Clearly g	aclu	re dei	uro	2.	10gr
	SE CONTRIBUTE TO		DEATH YES	] ио)	PERFOR	MED?	245.	WERE AUTOPSY FINDING ANALARILE PRIOR TO COMPLETION OF GAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINERT	<b>UOSPITAL</b> :		36. PLACE OF I	BEATH (Chack	any only			
1 TYES 2 NO	1 Inpatient 2 □ ER/Ou	tpetient 3 DOA	t ☐ Nursing Home 5 ☐ R	esidence & [	Other (Specify)			
1 Natural 5 Pending	Zhe, DATE OF INJURY (Month, Day, Year)		OF 28c, INJURY AT WORK?	26	d. DESCRIBE HOW I	HJURY OCC	CIRCO	
Accident Investig	etion		M 1 YES 2	NO				
Accident 3   Selicide 4   Could not be determined  28s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(x) and manner as stated.  One)  MEDICAL EXAMINER: On the basis of symmetrion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause							or Runii A	Route Number
	PHYSICIAN: To the best of my kno AMINER: On the basis of examined							) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	mnen/		29c, LIC	енее нумую	R_	29d. DATE	,sjay€o	IMPRO Day BALL
(1)	NIM		101	506.	3	1	1/2	1900
DR. SHIN KIM,				, MD 2	21562	7	1	14
	M.D., 90 MAIN	STREET,		, MD 2	21562	7	12/	194

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heatth and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



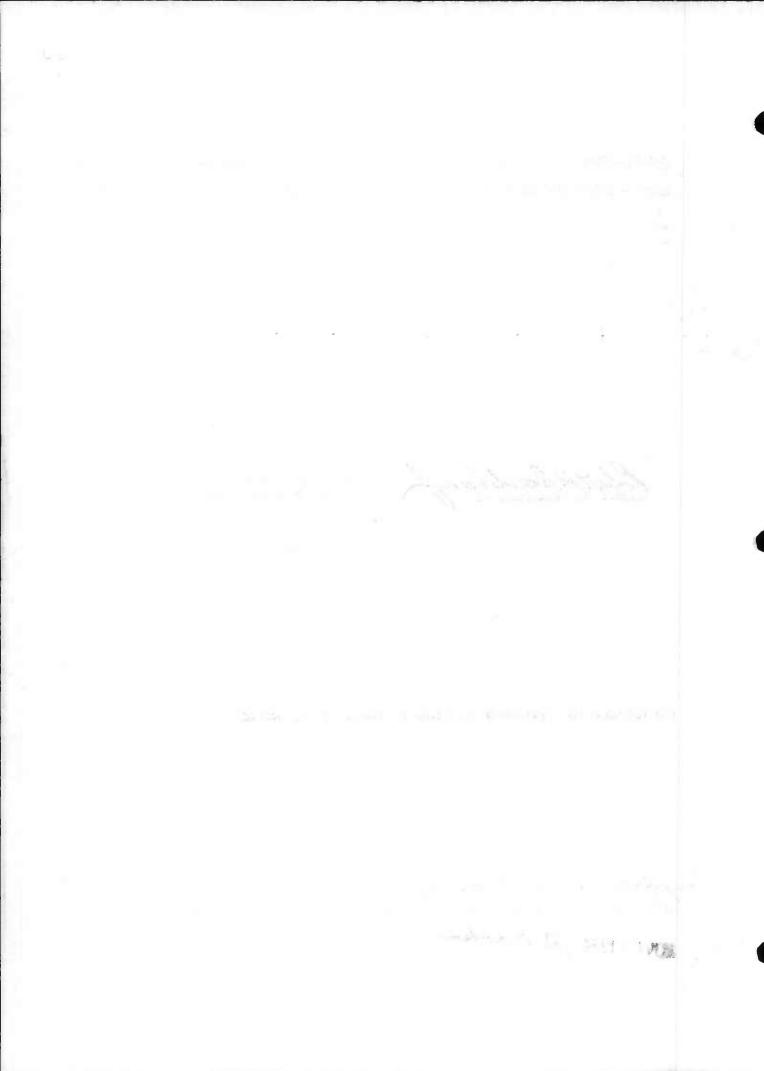
FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIFIC	ATE OF	DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3.	TIME OF DEATH
MARGARET	H	BE	ENNETT	1		NOV. 5	, 199	YEA		0130 м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	6. BI	RTHPL	ACE (State or Foreign
225-22-8820	1 🗌 M 2 📈 F	76	YRS.	ONTHE DAYS	HOURS MIN.	(Month, Day, 10–12-	-18	M		/land
9a. FACILITY NAME (If not institution, give st Home - 26537 016		Road	1		crisfield		9	SOME		
RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY			I the CITY	TOWN OR LOCA	FION					
Maryland Son	merset		loc. Giri,	- LOCA	Crisfiel	.d				Od. INSIDE CITY LIMITS?  YES 2 NO
26537 Old State	Rd.			10	zip code 218	317	.10		J.S.	AT COUNTRY?
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, atc.)  Specify: Black, W Specify: Spec							- American Indian, White, atc.			
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	CEDENT'S US ive kind of wor Do NOT use	SUAL OCCUPATION done during more retired.)	ON ost of working	16b. KIND	OF BUSINE	ESS/INOUSTR		
H. S. Graduate	6 Years	·)	eacher			Edu	catio	on		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			mame)		
Thomas C. Hill			_			ne Tawe				
19a. INFORMANT'S NAME (Type/Print)  Dr. Thomas C. Hil	.1, Jr. (				and Number or Rural i den Avenu					21801
20a. METHOD OF OISPOSITION			AND DATE OF	DISPOSITION (N				TION — City o		, Slate
1 St Burlet 2 Cremetton 3 Removed from State commetery, crematory or other place Sunnyridge Memorial Park-11/8/94 Crisfield, MD										
21. SIGNATURE OF FACILITY  22. NAME AND ADDRESS OF FACILITY										
Bradshaw & Sons Funeral Home										
Robert H. Bradshaw, Jr. 306 W. Main St Crisfield, MD 21817  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
ahock, or haart failure.	complications the	it caused tha da isa on aach lina	ath, Do noi	t entar tha mo	da of dying, auc	h aa cardiac o	or reapirat	ory arrest,		Approximata Intarval Between
IMMEDIATE CAUSE (Final disease or condition										Onset and Death
resulting in death)		C OBSTRU			DISEASE					YEARS
	OUE TO	(OR AS A CONSEC	DUENCE OF):							
Sequantially list conditions, if any, leading to immediate	oue to	(OR AS A CONSEC	DUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or injury	2									
that initiated evants	DUE TO	(OR AS A CONSEC	DUENCE OF):							
resulting in death) LAST	ı									
PART ii. Other algnificant condition	s contributing to	death but not n	eaulting in	tha underlyin	g cause given in	Part I 24a	WAS AN AU	TOPSY	24h W	ERE AUTOPSY FINDINGS
ARTERIOSCLEROTI	_				g dadoo giron iii	13-1	PERFORME	:0?	AV	VAILABLE PRIOR TO OMPLETION OF CAUSE
						1 🗆	YES 2 X	NO		F OEATH?
DID TOBACCO USE C	ONTRIBLITE	TO CAUS	E OE I	NEATH V	ES [7] NO	<b>W</b>			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	OTTINIDOTE.	10 CA00	L 01 L			<u></u>				
EXAMINER?  1 YES 2 X NO	HOSPITAL:			OTHER:	LACE OF OEATH (Ch					
27. MANNER OF DEATH	28e, DATE OF	ER/Outpatient 3	100	-	ne 5X Rasidence					
1 X Natural 5 Pending	(Month, I		26b. TIME (	SA MC	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE	E HOW INJU	JRY OCCURE		
2 Accident investigation 28a PLACE OF IN. IIBBY At home large street feature office.									to Number	
4 Homicide 6 Could not be detarmined	building	etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,		City or Tow	n, State)	Number of The	rai riou	te reuniper,
29a. CERTIFIER (Check only 1 ) CERTIFYING PHYSI										
one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or i	investigation,	in my opinion, o	feath occured at the	time, data and p	laca, and d	lua to the cau	se(a) a	nd manner as stated.
SIGNATURE AND TITLE OF CERTIFIER	es meses				29c. LICENSE NUI	MBER	25	9d. DATE SIGI	NED (M	fonth, Day, Year)
John Co.	Llens	alan	3	(/)	D03599	)		NOV.	. 5	, 1994
	30. AMIL AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT M 27) (Type, Print)									
31. DATE FILED (Month, Day, Year)		TO STATE	PHOLE	MOND /	PULLOBOR	(T) LIMIC	LUMIND	, 2100	<u></u>	
MOV 0 9 1994 8	AL SUPERIOR	TO COM								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTR	AR
Ī	1. 0	ECEDENT'S	N/

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG, NO.												
1. OECEDENT'S NAME (First, Middle,	Last)		<del></del>						OF DEATH			3. TIME OF OEATH
THOMAS C.BAK	ER							NO	v. o7	. 199	YEAR	16:20 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1	_	IF UNDER		7. DATE	OF BIRTH	_	6. BIRTH	PLACE (State or Foreign
423-36-0393	1 🖾 M 2 🗌 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC	18 19	30	Alal	oama
9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF OR	ATH		9c. COU	NTY OF D	
DORCHESTER O	ENERAL H	OSPITZ	A T.		CAN	1BRI	DGE			DOF	CHE	STER
RESIDENCE OF DECEDEN	T.										······	DIDK
Maryland Maryland	Dorcheste	r	10c. CIT	v, town or Camb								10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER	Dorcheste	1		Callib	_							TXX YES 2 NO
212 West	End Ave.				101.	21e	613				U.S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDI FORCES?	NT EVER IN U.S	S. ARMED	13. W	AS DECE	NOENT C	F HISPAN	HC ORIGIN	? (Specify Yes	or No-	14. RACE Black	- American Indian,
3 Widowed 4 Divorced		WAR OR DATES				2 X NO					Specif	
15. DECEDENT	EDUCATION		. DECEDENT'S	USUAL OC	CUPATIO	N		16h	KINO OF BUS	INFSS/INC	DUSTRY	WILLE
(Specify only highes: Elementary/Secondary (0-12)	grade completed)  College (1-4 or		(Give kind of life. Do NOT us	work done de			g	100	TANGE OF BOO	11112371110	,001KI	
12		M	edical	Admi	n. 1	Cech.	•	U.	S. Ai	r Foi	rce	
17. FATHER'S NAME (First, Middle, La	,					18. MOTE	HER'S NA	ME (First, A	fiddle, Maiden	Surname)		
En 190. INFORMANT'S NAME (Type/Print	och Frank	Bake:							Berth		nfing	ger
Mrs. Jacquelin			212 We	est E	nd A	ve.	, Car	mbric	er, City or Town	2161	13	
20e. METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3	Removal from State	20b. PL/	ACE AND DATE	OF DISPOSIT	TION (Nan	ne of		OATI	20c. LO	CATION —	City or To	wn, State
4 Donetion 5 Other (Specify	-	Ma	ryland	Vete	rans	_Cen	n.	11/10	Hur	lock	Mary	land
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	0		22. N	IAME AN	D ADDRES	SS OF FAC	CILITY	Chomas	Fune	era1	Home
1 princts	R Theor	ea 4,		70	0 Lo	cust	St		bridge			
23. PART i. Enter the diseases	, or complications th	et ceused the	e death. Do s									Approximeta
IMMEDIATE CAUSE (Fine)	lure. List only one co	use on eecn	line.									Onset and Death
diseese or condition reaulting in death)	. Arter	oseler	otic CA	rdio	vas	cul	ar	dia	inse			
	DUE 1	O (OR AS A CO	NSEQUENCE O	F):								
Sequentielly list conditions,	b											
if any, leading to immediate	OUE T	O (OR AS A CO	NSEDUENCE O	F):								
cause. Enter UNDERLYING CAUSE (Disease or Injury	C	O (OR AS A COI										
thet initiated events reaulting in death) LAST	DOE	OH AS A COI	NSECUENCE O	-):								
	d											
PART II. Other algnificent con	ditions contributing t	o death but n	ot resulting	n the und	ierlying	ceuse g	iven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	, M. C. C.			OF DEATH?  1 NYES 2 NO
DID TOBACCO USE CO	INTRIBUTE TO C	AUSE OF D	EATH YE	S 🗆 N	IO [	UNC	ERTAIN	1 20				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL		PLACE OF DEAT	H (Check or	nly one)							
1 TYES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatier	nt 3 🗆 DOA	OTHER:		5 🗆 Re	sidence	6 🗆 Other	(Specify)			
27. MANNER OF OEATH  1 Natural 5 Pending	26e. DATE ( (Month,	F INJURY Day, Year)	28b. TIM	E OF 2	28c. INJU WOR	RY AT		28d. OE\$	CRIBE HOW II	JURY OC	CUREO	
2 Accident Investiga				M		ES 2	NO					
3 Suicide 6 Could n 4 Homicide determin	n building	OF INJURY — A I, etc. (Specify)	At home, ferm, a	rtreet, factor	ry, office				ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
29e. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the beat	of my knowledge	a death annu-	od at the st-	no dota	and etc ::	and d	to the	no(n)			
	AMINER: On the basis of											end menner es stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER 1				T	29c. LICE	NSE NUM	IBER		29d. DATI	E SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	H Whie by	SE OF DEATH	(ITEM 27) /7/00	Print)				OCM1	Ε	▶ V	IOV.	08,1994
DONALD G. U	RIGHT M	D 1	111 Pe		Stre	eet,	Ва	lti	more,	Mar	ryla	nd 21201
31. OATE FILED (Month, Day, Year)		AR'S SIGNATUR										
NUV () 9 199	4 Julia de	udsor-Ka	wall									



T = .  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perpirited within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	)			2. DATE OF DEATN		3. TIME OF OEATN
		ley		one	November	1 19	94 9:40AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. II	## IF UNDER 1 YEAR  ## MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give	1 000		OR LOCATION OF D	11-10-	9c. COUNTY	(Caroli Na
HC H		oital at Easto			CAIN		lbot
١	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN		10c. CITY, TOWN OR LOC			1 14.	
DIRECTOR		Rchester	Camb	Ridge			10d. INSIDE CITY LIMITS?  1 PYES 2 NO
	10e. STREET AND NUMBER	· on cor cr		IOI. ZIP CODE	A	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	504 Rigby	Avenue		21613	3	7	4. S.
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		ECENDENT OF NISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
B⊀	3 Widowed 4 Divorced		Specify: Black				
COMPLETED	15. DECEDENT'S ED		ECEDENT'S USUAL OCCUPA Give kind of work done during it		16b. KIND OF BU	SINESS/INDUST	
9	Elementary/Secondary (0-12)		fe. Do NOT use retired.)				1
MP	17. FATNER'S NAME (First, Middle, Lest)		Janito				
8	ANNO: Sa	BOONE		18. MOTNER'S NA	ME (First, Middle, Meiden		
) BE	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADDRESS (Stree	and Number or Rural			de)
٩	Georgia Di	CKERSON '	708 Stiles	Circle	e-Cambi	ridge	Maryland
	20a, METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer	20b. PLACE	AND DATE OF DISPOSITION (	Name of	DATE 20c. LO	CATION - Oily	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		ematory or other place		11/5 Ca	MAR	idge, MD.
	Da OA	0 11	Hen	IRY HU	Neral H	one	
$\dashv$	23. PART Enter tha diseases, or	J. C. Menry	5101	Nashin	gton St,	Camb	ridge, M.D.
	9 shock, or heart failure.	List only one cause on each lin	le.	lode of dying, suc	th as cardiac or respi	iratory arrest	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	assista	ma Dinel	1m mai	tis		Onset and Death
	resulting in death)	OUE TO (OR AS A CONS	EQUENCE OF):	11 -0.0	0/3		24 hrs.
Z	Sequentially list conditions,	· Deme					years
AŢ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSI	EOUENCE OF):	1 01	cide	T	y cars
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):	" Cic	CIOCI		years
CERTIFICATION	resulting in dasth) LAST	d					- 1
AL CI	PART il. Other significant conditio	ons contributing to death but not	resulting in the underivi	ng cause given in	Part I. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
	Congestin		Failur	9	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
밀	0				1 _ YES 2	XNO	OF DEATN?
ä	DID TOBACCO USE CONT	TRIBUTE TO CAUSE OF DEA	ATH YES   NO	UNCERTAI	N 🗆		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLA	CE OF OEATN (Check only on	9)			
IXSI	1 YES 2 NO  27. MANNER OF DEATH	TC Inpatient 2 - ER/Outpatient	3 DOA 4 Nursing No	me 5 - Rasidenca			
	1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	JURY AT YORK? YES 2 NO	28d. DEŞCRIBE NOW I	NJURY OCCURE	ED
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At h			281, LOCATION (Street a	and Number or R	Pural Route Number.
Ë I	4 Nomicide datarmined	building, atc. (Specily)			City or Town, State)		
P	29a. CERTIFIER (Check only 1 X CERTIFYING PHYS	SICIAN: To the best of my knowledge, d	eath occurred at the time, da	te and place, and due	to the cause(a) and mar	nner as stated,	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examination and/or	investigation, in my opinion,	death occured at the	time, data and place, an	d due to the ce	use(a) and manner as stated.
BE 0	296. SIGNATURE AND TITLE OF CERTIFIE	00		29c, LICENSE NUI	MBER	29d, DATE SIG	GNEO (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WI	NO COMPLETED ONLY		1) 3/3	76	Nov	. 2 199
	TAME PROJECTION WI	SCHOOL OF DEATH (IT)	EM 27) (Type, Print)	Kite	24 N.	1	MO
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		hel "	x 18	MOR	1110
Ш	NOV 0 9 1994	Julia Davidson Ran	dall				



.

FUNERAL DIRECTOR

BY

TO BE COMPLETED

FOR STATE REGISTRAR	STATE OF N	MARYLAN	ND / DEPAR						HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)	_							2. DATE OF	DEATH	ıv.	YEAR	3. TIME OF O	ATH	
GEORGE THO	VAS	P	ARKER					OT.	28		Q/I	1445	Рм	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or	Foreign	
215-36-0041	52	YRS.	MONTHS	MONTHS DAYS HOURS MIN. 9-4-42 PARSC						<b>O</b> NSBURG	i, MD			
9a. FACILITY NAME (If not institution, give str	reet and number)			)		OR LOCATI	ON OF DE	EATH		9c. COU	INTY OF D	EATH		
WARD ROAD				SALISBURY WICOMICO										
RESIDENCE OF DECEDENT														
MD. STATE 106. COUNTY	225	Y, TOWN (								10d. INSIDE CI	TY			
				PARS	_									
10e. STREET AND NUMBER					10	of. ZIP COD						VNAT COUNTRY	?	
33015 l	_ONG RID	GE RO	AD			2184	9				USA			
11. MARITAL STATUS	12. WAS DECEDEN													
1 Never Merried 2 Narried 3 Widowed 4 Divorced	FORCES? 1	AR OR DATE	ES NO		1 YE	S 2 X NO	INDENT OF HISPANIC ORIGIN? (Specify Yes or No— city Cuben, Maxican, Puario Rican, etc.)  14. RACE — American Indian, Bleck, Whita, etc. Specify: BLACK  No of working  16b. KIND OF BUSINESS/INDUSTRY							
3 Wildowed 4 Divorced	USA	<b>YMY</b>										BLACK		
(Specify only highest grade completed) (Give kind of work done during most of working														
Elementary/Secondary (0-12)	College (1-4 or 5	-}	life. Do NOT us	se retired.)										
12th			LABO	RER				H.[	D. ME	TAL	CO			
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	de, Maiden	Sumame)				
GEORGE GORD	ΟY						VIO	LA PAF	RKER					
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORES	S (Street	and Number	r or Rural i	Route Number,	City or Town	n, State, Zij	p Code)			
DORIS A. PARKER			ADDRE	SS S	AME	AS A	BOVE							
20a. METHOD OF DISPOSITION 1 [XBurial 2 Cremation 3 Remo	wel from State		LACE ANO DATE					OATE	20c. LO	CATION —	City or To	wn, Stata		
4 Donation 5 Other (Specify)		FR	TENDSHI	PUM	CH.	. CEM		11-5	SNO	W HI	LL,	MD.		
21. SIGNATURE OF PONERAL SERVICE LICE	ENSEE							CILITY	251	4047	350	SEY ROA	10	
· Xuill	60	10.		100	LLE	Y MEM	UKTA	L CHAI	LL,	1212	JER	SEY RUF	10.	
Doeina	6	lles	1					2180						
23. PART i. Enter the disessea, or contained about, or heart feilure. L	emplications the	t csused ti	he desth. Do r h line.	not entar	ths m	ods of dy	ing, euc	h ss cardise	or respi	ratory ar	rest,	Approxi	mate Between	
IMMEDIATE CAUSE (Finel	10	1	1			1 1				1	11		nd Death	
disease or condition resulting in death)														
resulting til death)	DUE TO	(OR AS A C	ONSEQUENCE O	F):							1 0	1		
Sequentially list conditions,	OUE TO	(OR AS A C	ONSEQUENCE OF	F):								+		
if any, leading to immediate cause. Enter UNDERLYING														
CAUSE (Diseese or injury that initiated evente	OUE TO	(OR AS A C	ONSEQUENCE OF	F):								-		
reculting in dasth) LAST														

2 Accident 3 Sulcide

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i.

24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO

# DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER 1 Inpetient 2 ER/Out

28a. PLACE OF INJURY - At he

27. MANNER OF DEATH 1 Natura

28a. DATE OF INJUS

WORK?
YES 2 28b. TIME OF INJURY 2 NO Other (Specify) ROADWAY

29a. CERTIFIER of my knowledge, death occurred at the time, data and place. ck only

ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

O.C.M.E

29d. DATE SIGNEO (Month, Day, Year) CCT.

OEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

0,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be installed by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huners director, page 5 altered be detected for use as the burner
	within 24 hours after	pletely filled in by the
, P.O. BOX 6876	eath certificate be executed	attending physician and com
TAL RECORDS	The law requires that the d	e has been signed by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: 1	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAI	RTMENT (	OF H	EALTH DEA	AND	MENTAI	HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Las	*	<del></del>				IKS		2. DATE	OF DEATH	x - 07	EAR 3	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	ores Jone	6. AGE (In yrs. la		IF UNDER 1		IF UNDER		(Month	7. DATE OF BIRTH 6. BIRTHPLAC (Month, Day, Year) Country)			ACE (State or Foreign		
	214-30-8323 98. FACILITY NAME (If not institution, give	1 M 2 F	62	YRS.	9b. CITY, T				pepter	mber 20,	9c. COUNTY OF DEATH				
TOR	Waterview Health	Care Cent	er		Sali	sbu	ırv				Wicomico				
DIRECTOR	10a. STATE 10b. COUN	ITY		10c. CI	Y, TOWN OR	LOCAT	TION					10	Dd. INSIDE CITY LIMITS?		
	MD Wic	romico		5	Salisb	_	ZIP COD	E			10g. CITIZEN		YES 2 NO		
FUNERAL	203 Washington St						2180					s.	Α.		
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:							or No- 14.					
ETED	15. DECEDENT'S ET (Specify only highest gra	de completed)	116	ECEDENT'S Silve kind of Do NOT u	USUAL OCC work done dur se retired.)	UPATIO	ON st of worki	ng	16b.	KIND OF BUS	INESS/INDUS	TRY			
COMPLE		College (1-4 or 5	+)	Domes						Domes	tic				
	17. FATHER'S NAME (First, Middle, Lest)  Oliver F.	Tones					18. MOT			Middle, Malden					
TO BE	19a. INFORMANT'S NAME (Type/Print)	bones	19	b. MAILIN	ADDRESS (S	Street a	nd Numbe			Smit	n, Stete, Zip Co	de)			
F	Wayne Ballard	····						reet			ry, MD		1801		
	to Buriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify) □	movel from State	cemetery on	emetory or i	of bispositi other plece) M. Chi			mete	pati er11/		cation – chy nton ,		, State		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE TO SE	Ber		22. NA	ME AN	ID ADDRE	SS OF F	FO	ooks F	uneral	Ser	vice 7, MD 21801		
	23/PAFT I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIC	use Dn each lin	Tic	CERE	e mo	de of dy	ing, au	ch es cerd	liec or reapi	ratory erreat	,	Approximete intervel Between Onset and Death S Years		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	(OR AS A CONSE												
: MEDICAL	Arteriosclero Diabetes DID TOBACCO USI	otic Co Mellitu	ridion,	20 Cu	lav.	DI	seas.	PERFORMED?  1 YES 2 XNO  PERFORMED?  AMAILABLE PRIOR COMPLETION DF OF DEATH?					VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatlant	n DOA	OTHER:				heck only on						
у РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	25e. DATE OF (Month, D	INJURY	28b. TII	IE OF 2	Bc. INJ WO	URY AT PRK? YES 2		_		NJURY OCCUR	ED			
TED B	3 Suicide 8 Could not b	26a, PLACE C building,	FINJURY — At he atc. (Specify)	ome, term,	street, factor	, offic	•			ATION (Street a or Town, State)	and Number or i	Rural Rou	ite Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of NER: On the best of a										ause(a) a	nd manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	el 9. 1	Medical	/ Di	recto	4	29c. LIC		MBER 800	8	29d. DATE SI	GNED (A	Ionth, Day, Year)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Typo, Print)

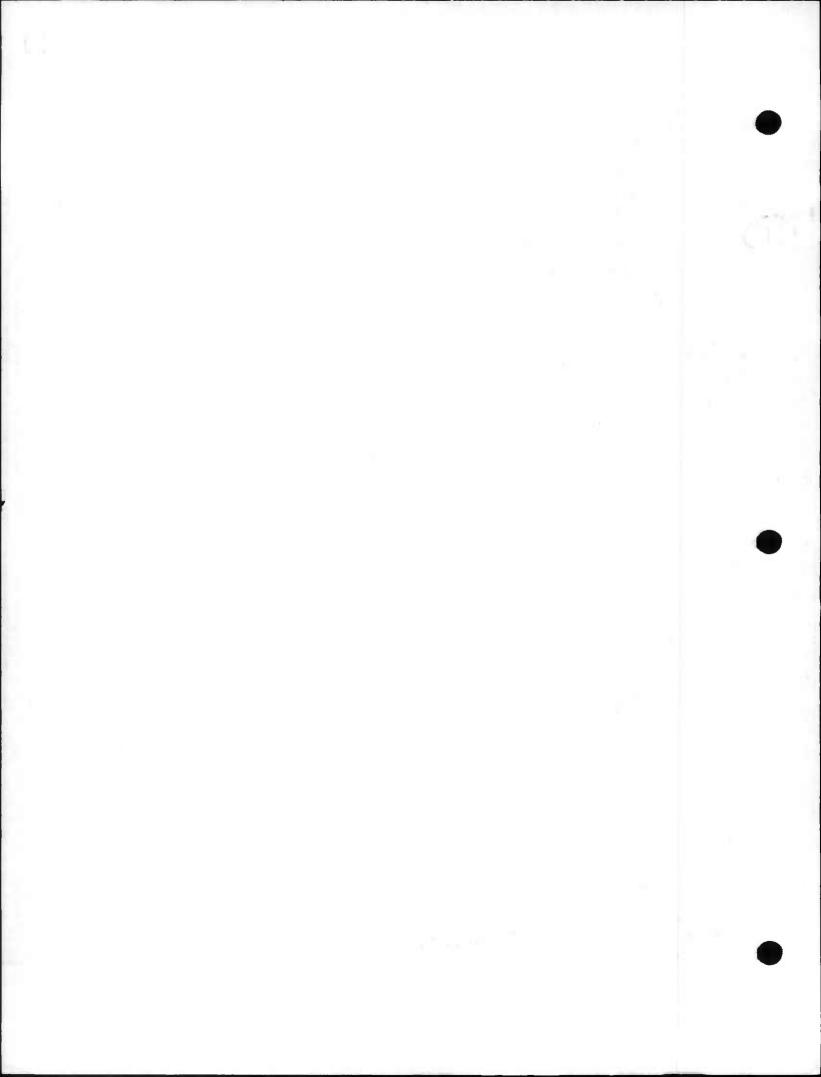
THOMAS C. HIIJR, 108 PINE BLUFF Rd

31. DATE FILED (Morith, Day, Year)

32. REGISTRAR'S SIGNATURE

NOV 03 1994

32 REGISTRAR'S SIGNATURE



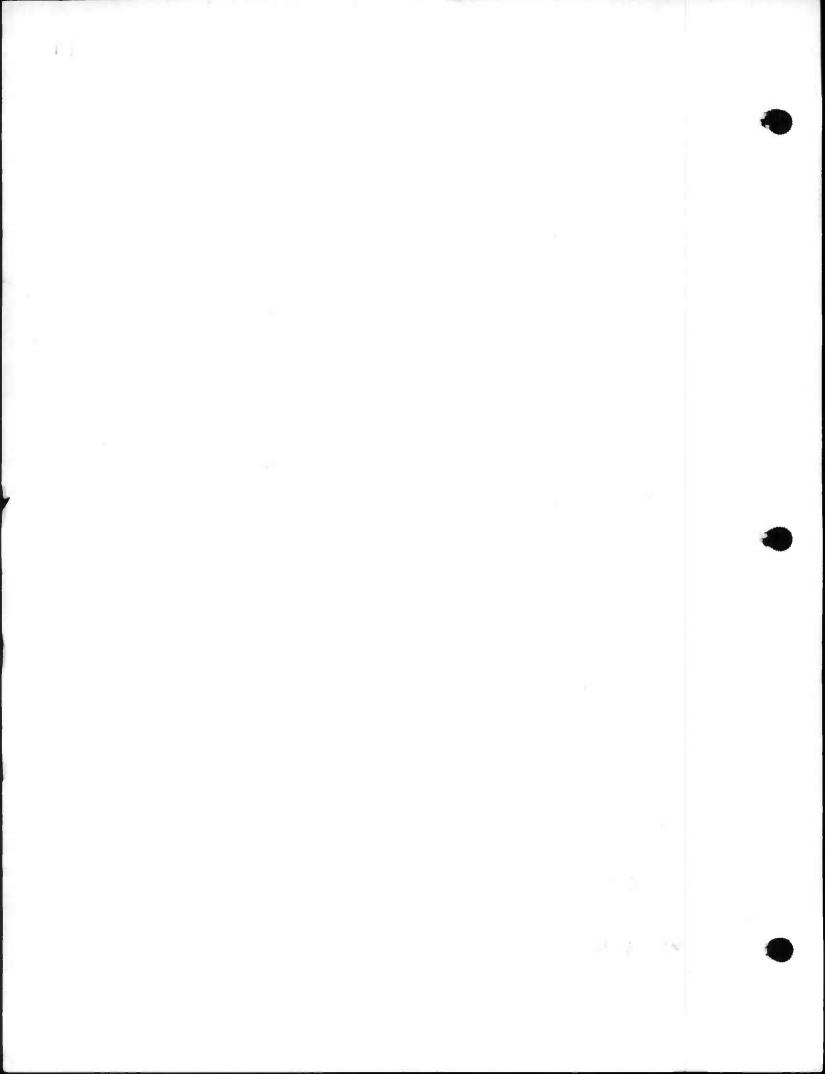
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	WENTAL	HYGIENE REG. NO.
D	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

REGISTRAR			CE	RTIFIC	ATE (	OF DEA	<u>TH</u>		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
LULA	MAY	BENNETT							MBER 3		994	6:15 P
4. SOCIAL SECURITY NUMB	ER	5. SEX	(In yrs. last	birthday) II	UNDER 1 YE	AR IF UNDE	R 24 HRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreign
214-05-58	50	1 🗆 M 2 😓 F	90	YRS.	NTHS DA	YS HOURS	MIN.		1, Dey, Year)	0.04	Coun	**
9e. FACILITY NAME (If not in.		met and number)	90	9	CITY TO	WN OR LOCAT	ION OF DE		4, 19		INTY OF	ST VA
7-0. Call			77 T T									
RESIDENCE OF DEC		ETIREMENT	ATT	LAGE	WI.	LLIAM	SPOR	K.I.		WA	SHI	NGTON
10e. STATE	10b. COUNTY	,		10c, CITY, 1	OWN OR L	OCATION		•			-	10d, INSIDE CITY
MARYLAND	λТΤ	EGANY										LIMITS?
	ALL	EGANI		CON	IDEK.	LAND						1 TYES AND
10e, STREET AND NUMBER						10f. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
ROUTE 8,	BOX 4	82				21	502			U	.S.	Α
11. MARITAL STATUS		12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARI	MED		DECENDENT s, specify Cub			17 (Specify Yea	or No-	14. RAC	CE — Americen Indien, ck, White, atc.
1 Never Merried 2		IF YES, GIVE WAR OR I	ATES			YES 2 , NO			nican, vic.j		Spe	ettv.
3 Widowed 4 Divo	rced					X						WHITE
	EDENT'S EDU		16a. DE	CEDENT'S US	UAL OCCU	PATION og most of work	-	16b	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 +)	Ille.	Do NOT use r	etired.)	y most or work	ing	- 1				
UNKNOWN		V. 17-2	H	OMEMA	KER				HOME			
17. FATHER'S NAME (First, M	liddle, Last)					18. MO	THER'S NA		Middle, Maiden	Surnamel		
	,	HANSFORD,	ЯT.						ARET		т	
19e. INFORMANT'S NAME (7		HANSI OKD,			ultra di	_						
		_							ber, City or Tow			
GEORGE HA	NSFOR							RD.				MD 21742
20a. METHOO OF DISPOSIT (X ) Burlai 2 ☐ Crematic	ION					of cemetery, cre						Town, State
4 ☐ Donetion 5 ☐ Other		2	CION	MEMO		L PAR		1/5/9	4 C	UMB	ERL	AND, MD
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NAI	AE AND ADDR	ESS OF FA	CILITY	II Drin	י א כורו	T 17/	OME, P.A. ,MD 21502
1/2.	MI	1 . 1			1 287	ORGE-	UPCE	TURC	H FUN	ERA.	T H	JME, P.A.
HINGU		ochurch										, MD 21502
		complications that cause List only one cause on			enter the	mode of d	ying, suc	ch se cen	diec or reepi	iratory e	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Fit		List only one cause on	each line	1.								Onset and Deal
diseese or condition		CONGESTI	VF H	FART 1	7 A T T T T	DE						2/ HOHDA
resulting in death)		a. DUE TO (OR AS			MILLO	ILL.						24 HOURS
				•								
Sequentially list condit		bOUE TO (OR AS	A CONSEC	DUENCE OF:					_			<del>-</del>
If any, leading to imme cause. Enter UNDERLY		,		,								
CAUSE (Diseese or inju		cDUE TO (OR AS	A CONSE	OUENCE OF								
that initiated events resulting in death) LAS	ST.	50E 10 (011 A5	A CONSE	oction or j.								İ
,		d,										
PART II. Other eignifica	ant condition	ne contributing to deeth	but not r	reeuiting in	the unde	rlying cause	given in	Part i.	24e, WAS AN	AUTOPSY	24	4b. WERE AUTOPSY FINDING
		JCTIVE PULMO							PERFO			AYAILABLE PRIOR TO COMPLETION OF CAUSE
		CLIVE PULMO	NAKY	DISEA	SE				1 🗌 YES 2	NO TY		OF DEATH?
CACHEXIA	4											1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL					26. PLACE OF	OEATH (C	heck only o	ne)			
1 YES 2 XNO		HOSPITAL: 1   Inpatient 2   ER/Ou	tpetient 3		THER:	Home 5 🗆	Residence	8 🗆 Oth	er (Specify)			
27, MANNER OF DEATH		28e. DATE OF INJURY		28b. TIME	27	c. INJURY AT		_	SCRIBE HOW	INJURY O	CCURED	
1 X Natural 5	Pending	(Month, Day, Year)		INJU		WORK?	Пио					
2 Accident	Investigation	24- BLACE OF IN ILI	W At he	toma doma etc				204 1 0	CATION (Come)	and Nomb		of Charte Mumber
3 Suicide e  4 Homicide	Could not be determined	28e. PLACE OF INJUI building, etc. (Sp		ane, raim, atr	eet, incrory	, office			or Town, State,		or or mura	al Floute Number,
7												_
29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the beat of my kno	wledge, de	eath occurred	at the time	, date end pla	e, end du	e to the ca	use(s) end ma	nner as si	tated.	
	DICAL EXAMIN	ER: On the basie of examinat	lon end/or	Investigation,	In my opin	lon, death occ	ured at th	e time, dat	e end place, e	nd due to	the cause	e(e) end manner ee stated.
29b. SIGNATURE AND THE	E OF CENTIES	n		-		20e I I	CENSE NU	IMRED		204 04	TE SIGNI	ED (Month, Dey, Year)
7716	10110	**				200. 6						
1416		lo coursi rees a	NP 47"				D .	33700	)	N	UVEM	IBER 3, 1994
30. NAME AND ADDRESS O	PERSON WI	O COMPLETED CAUSE OF	EATH (ITE	:M 27) (Type, F	rint)							
		M.D., 18100	MARI	EN LA	NE, (	DLNEY,	MD	2083	32			
31. DATE FILED (Month, Day,	Year)	22. REGISTRARY SK	NATURE									
I NUVU419	94	W TOWNSHIP THE	-									



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF DEATH
THELMA	LAVERN			TINGE	R			NOVEMBER			10:50 A M
		6. AGE (In yrs. las		IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTI	HPLACE (State or Foreign ry)
200 24 3917 1  9e. FACILITY NAME (If not institution, give street	□ M 2 🔀 F	74	YRS.					2/24/19		PA	-
				9b. CITY, 1				EATH	9c. CO	UNTY OF C	
SACRED HEART HOST	'TTAL			C	UMBE	SKLA	ND			ALLE	GANY
10a. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY LIMITS?
PA Somers	et		Sa	alisk							1 TES 2 NO
10e. STREET AND NUMBER						ZIP CODI					WHAT COUNTRY?
RD 1., Box. 48G  1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No											
1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Ricen, stc.)								k, White, etc.			
3 X Widowed 4 Divorced	W 120, GIVE 10	WI ON OATES			1E3 Z	ZNO	Specin	r.		Wh:	ite
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(G	ive kind of v	USUAL OCC	UPATION	of workin	ng	16b. KIND OF	BUSINESS/II	DUSTRY	
	College (1-4 or 5+)	life.	Do NOT us				-				
17. FATHER'S NAME (First, Middle, Last)			ноте	emake	_	40 4400	HEBIO		Hom		
Irvin Murray								ME (First, Middle, Me Petenbr			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS (	Street and			Route Number, City or		(in Code)	
Joyce Hollada								isbury,		1.55	58
20e. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remove	Line State	20b. PLACE	AND DATE	OF DISPOSIT					LOCATION -	- City or To	own, State
4 Donation 5 Other (Specify)		Salis	bury	ther place)  7 Cen	nete	ery		11/10	Sali	sbur	y, PA
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newman Funeral Homes, P.A.											
W. Lung	teurn	aw						; Grant			MD 21536
23. PART I. Enfer the diseases, or comehock, or heart failure. Lis	plications that	caused the de	ath. Do r	not anter ti	ha moda	of dy	ing, auc	h aa cerdiac or n	spiratory e	rreat,	Approximate
IMMEDIATE CAUSE (Final	Comy ona Caus	se on each line									intarval Between Onset and Daath
disease or condition resulting in death) a	(Hel	ANGIT	S								
	DUE TO (	OR AS A CONSE	OUENCE OF	7	1 .						
Sequentially list conditions, b	DUE TO	OR AS A CONSE	DUENCE OF	SI FC	457	TD	5				
if any, leading to immediate cause. Enter UNDERLYING		01. A0 A 00110E1	JOENIOE O	· <i>)</i> ·	1						j
CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	DUENCE OF	F):							
resulting in death) LAST											
PART II. Other algnificent conditions of	ontributing te-	deeth but not r	eauiting	in the und	erivina	causa	given In	Pert I. 24s vas	AN AUTOPS	1 2/1	. WERE AUTOPSY FINDINGS
	, 1	28			,	1		PER	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Regimento D	et As its	1 1	PET	as (	no	110	<	1   YE	S 2 NO		OF OEATH?
DID TOBACCO USE CO	NTRIBUTE	4	, -		H YE		ואר	) KI			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	OSPITAL:		01					eck only one)			
1 U YES 2 KNO	Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	ng Home	5 🗆 Re	aldence	a Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. OATE OF I (Month, Da		28b. TIM INJ	IE OF 2	8c. INJUR			28d. DESCRIBE HO	W INJURY O	CCURED	
2 Accident Investigation				М	1 TYE	S 2	NO				
3 Suicide 8 Could not be 4 Homicide determined	City of Tours City										
29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of r	ny knowledge, de	ath occurr	ed at the tim	e, data a	nd place	, and due	to the cause(s) and	menner as at	lated.	
one) 2 MEDICAL EXAMINER: (											a) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIER	10	14-1	7		:	29c. LICI	ENSE NUI	MBER	29d. D/	TE SIGNE	(Month, Day, Year)
100	the fell	1	7			D	3187	<u>'5</u>	•	11	/7/94
30. NAME AND ADDRESS OF PERSON WHO C											
DR. ROBERT WELIK,	M.D., 9	UZ-SETG	N DR	IVE,	CUMI	BERL	AND,	MD 2150	2		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

A. Water Barre

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traipsit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

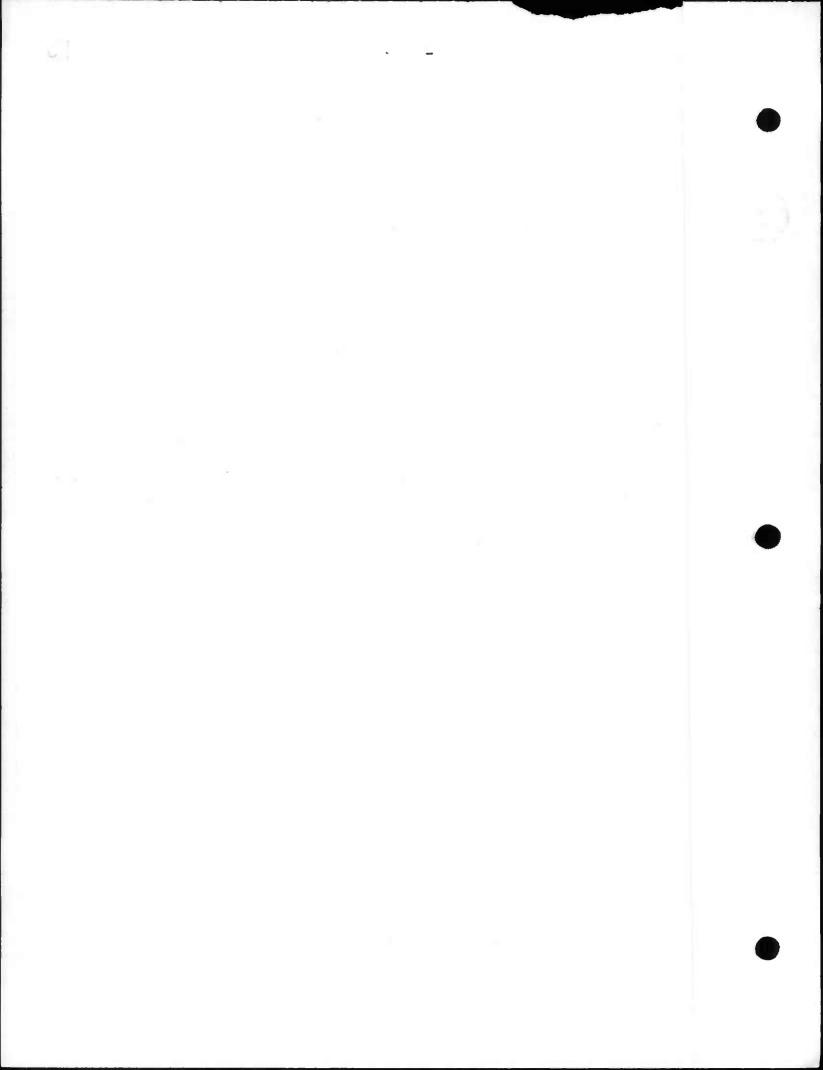
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR		STATE UF I	MARYLAND / CI	DEPART ERTIFIC					MENTA	NEG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH
IDA			MAE			BOW	IE		NO	EMBERO	9,19	94 <sup>EAR</sup>	5:55 P M
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la:		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH	100	8. BIRTI	HPLACE (State or Foreign
579-48-368		1 M 2 F	72	YRS.	Ch CITY	TOWN O				rcn /			
11 WEST HAW			ESTDENCE			PLAT		ON OF D	EATH			RLES	
RESIDENCE OF DEC	CEDENT										OII		<u></u>
MD MD	Char			LaP.	lata	R LOCATI	ON						10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 11 West Ha		rne Dr.				101.	206	46				S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced						Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuben, Maxican, Puerlo Rican, etc.)  1 YES 2 NO Specify:  Specify:  White							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)  Nouse Wife  House Wife  Home													
17. FATHER'S NAME (Flist, M		aon				11	18. MOTI	HER'S NA	ME (First,	Middle, Maiden		_	
Walter J.		5011								mpson			
Rose Davi	S		1							bury, l	MD 2	2065	8
20a. METHOD OF DISPOSITE Burlel 2 Crematic	ION on 3 - Ramo (Specify)	wal from Stala	20b. PLACE	AND DATE OF	P DISPOSI Mem	. Ga	arde	ens	117	12/94	Wa.	city or To	own, Slete
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0945  MO0945  MO0945  MO0945  MO0945  MO0945													
23. PART I. Enter the di	Iseaaaa, Dr C	omplications tha	it caused the de	ath. Do no							ratory ar	reat,	Approximate
ahock, or hi iMMEDIATE CAUSE (Fir disease or condition reaulting in death)	aart fallura. I nai	Liet only Dna cau	CER	·.	o F								Interval Between Onset and Death
	_	DUE TO	(OR AS A CONSE										
Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A CONSE	DUENCE DF):	:								
cause. Enter UNDERLYI CAUSE (Disease or Inju	NG												
that initiated avanta resulting in death) LAS		DUE 10	(OR AS A CONSE	DUENCE OF):	:								
		ı											
PART II. Other algolifica	nt condition	a contributing to	death but not i	asuiting in	the un	darlying	causa g	given in	Part I.	24s. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						_				1 🗌 YES 2	□ NO		OF DEATH?
DID TOBACCO U	SE CONITE	DIDLITE TO CA	LICE OF DEA	TII VEC		IO []	LINIC	EDTAI					1 YES 2 NO
25. WAS CASE REFERRED TO		IBUIE IU CA		E OF DEATH			UNC	ERTAII	и Ц				
1 YES 2 PRO		HOSPITAL:	ER/Oulpatient 3		OTHER	t: ing Home	5 Re	sidenca	8 D Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIME INJUI	OF	28c. INJU WOR	RIVAT			SCRIBE HOW IN	JURY OC	CURED	
	Pending Investigation				М	1 🗌 YE	S 2	NO					
	Could not be detarmined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	ma, farm, str	reet, facto	ory, offica			281. LO	CATION (Street as or Town, State)	nd Numbe	r or Rural F	Route Number,
		CIAN: To the best of a											a) and manner as stated.
296. SIGNATURE AND TITLE	_	Γ(	rati	tu			29c. LICE D-28	3352	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF KRISHAN MATH						SUIT	E213	B WA	LDOR	F.MARYI	AND	2060	13
31. DATE FILED (Month, Day, NOV 1	Year)	32. DEGISTRA	R'S SIGNATURE	Nath						_ ,		2000	





020	physician.	burial-transit
BALTIMORE, MARYLAND 21215-0020	within zs nours after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit
YLAND	by the hospi	be detached
, MAR	be retained	ge 5 should
IMORE	Раде 6 тау	director, pag
BALT	after death.	by the funeral
0,0	within 25 nours	pletely filled in t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a normal death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 6876

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

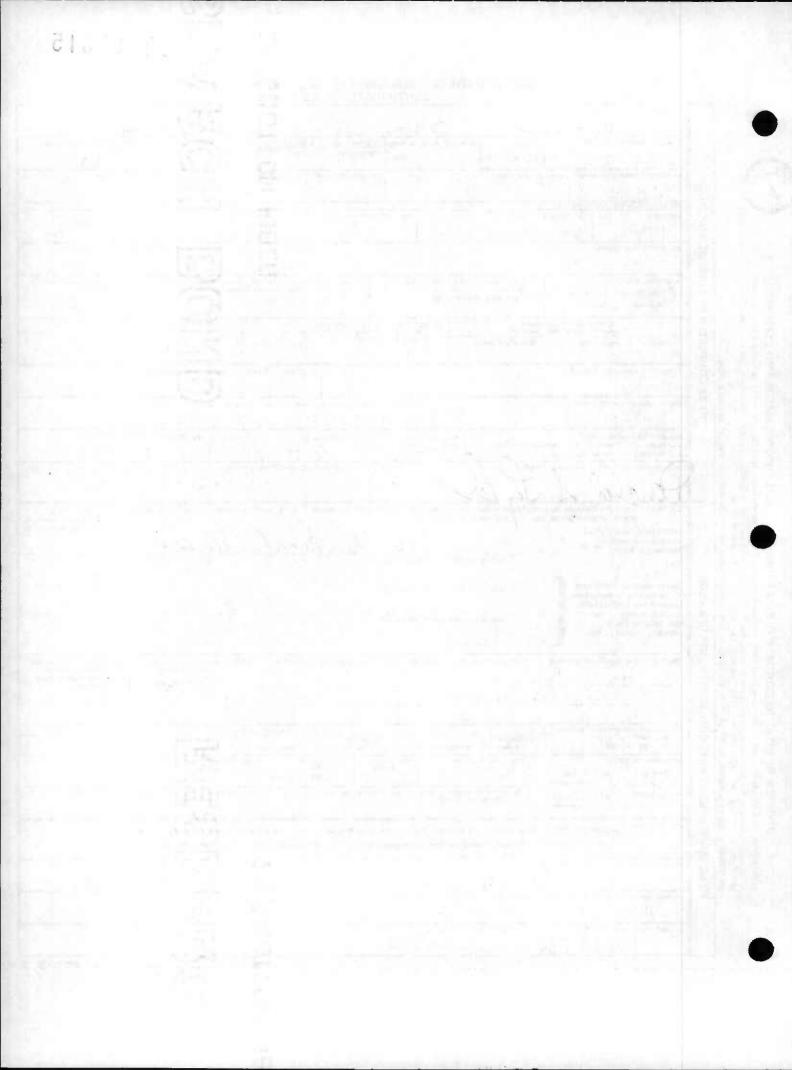
	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	Ю.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	PHILOMENA Z		BUC	KLEN		11 02	O2 94 C6:45 PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI		IF UNDER t YEAR	IF UNDER 24 HRS.	7 DATE OF BIETH		8. BIRTHPLACE (State or Foreign		
	407-50-6429	1 □ M 2 ☑ F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9 / 2 9 / 1	022	Country)		
	9a. FACILITY NAME (If not institution, give si							Austria		
œ	Y				OR LOCATION OF DE	ATH		ITY OF DEATH		
0	NORTH ARUNDEL HOS	PITAL ASSOC	TATION	GLEN	BURNIE		A	.A. COUNTY		
S I	10e. STATE 10b. COUNTY	,	10c CITY	TOWN OR LOC	TION			10d. INSIDE CITY		
DIRECTOR	MD Anne	Arundel	I	en Bu				LIMITS? T		
	100. STREET AND NUMBER	ALUNGEL	0.1				,	1 YES 2 A NO		
¥		<b>D</b> •			Dr. ZIP CODE			ZEN OF WHAT COUNTRY?		
FUNERAL	61 4 Nolberry				21061		υ,	S.A.		
5 1	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPAN		rea or No-	14. RACE — American Indian, Black, White, alc.		
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TE	pecify Cuban, Maxica S 2 X NO Specify	c		Specify:		
				1		170		White		
딢	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of wor	rk done during n		16b, KIND OF	USINESS/IND	USTRY		
<u>""  </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
₽ I			Homem	aker		Hom	e			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maid	en Surname)			
ш	Rudolph	M	accani		Zazi1	ia	Sc	llinger		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street	and Number or Rural F	Route Number, City or 1	own, State, Zip	Code)		
유	Dale G. Buckle	n	1911					ster MD21157		
1	20a. METHOD OF DISPOSITION	20	D. PLACE AND DATE OF					City or Town, State		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oval Irom State Co	Arlington	r place)		1				
ı	21. SIGNATURE OF TONERAL SERVICE LIC	ENSEE	ALTINGLO.		NO ADDRESS OF FAC	DATE OFFICE		on, Va.		
- 1	1110	0		1		495		hie Hwy.		
	- COLCII	Dunar	_	Barra	anco Fun	eral Ho	me Se	verna Pk MD		
[1]	23. PART / Enter the diseases, or o	omplications that caus	ed the death. Do not	t enter the m	ode of dying, such	as cardiac or rea	piratory arm	eat, Approximate		
	ahock, or heart failure.	List only one cause on	each line.					Interval Between Onset and Death		
	disease or condition	V CAYOL	1 - Milu	ungu	a Dry	es		Oliset sild Destil		
1	resulting in death)	DUF TO (OR AS	A CONSEQUENCE OF		1 0000		-			
_ 1		* Comper	A CONSEQUENCE OF	10 4	H Me	tersteri-		i		
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS		7 "	1/4	1 11-00	) '			
A	if any, leading to immediate cause. Enter UNDERLYING	W Dohule	alter.							
윤Ⅱ	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	-						
E	resulting in death) LAST	Serion	Par	y tops	enia			į l		
<b>⊞</b> Ⅱ			1000	7 101						
	PART II. Other significant constition	contributing to death	but not resulting in	the underlyle	ng cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
<u>5</u>	molnething	ha 2					ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Bripheric	)				1 ☐ YES	2   NO	OF DEATH?		
≥	- Willeyto					-		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che	ick only one)				
₹	1 YES 2 NO	1 Inpatient 2 ER/Ou			me 5 🗆 Raaldenca					
표	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)			JURY AT ORK?	28d. DESCRIBE HOV	INJURY OCC	URED		
B	2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Sp	RY — Al home, farm, streecify)	et, factory, offi	ca	28f. LOCATION (Street City or Town, Sta	et and Number	or Rural Route Number,		
COMPLETED	4 Homicide detarmined					ony or rown, ora	10)			
اا ڌ	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedos, death occurred	at the time det	a and place, and due	to the sever(s) and =		1		
\$								e cause(a) and menner as stated.		
							and due to the	Cadaa(a) and marker as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER		$\sim$		29c. LICENSE NUM	BER	29d. DATE	SIGNEO (Month, Day, Year)		
2	0 4 1 1 1	1			11/19	148		1/3/94.		
	30. NAME AND ADDRESS OF PERSON WHO			70.5	/OI	DUDLET	MADST 1	ND 01061		
	ALIF M. MANEJWALA		CRAIN HIC	HWAY S	.E./GLEN	RUKNIE,	MAKYLA	מאי קוחסן		
	NOV 10 199	32. REGISTRARIS SIG	MATURE PONELL							
	MOA TO 122	T Java was								

 460	•
_	
0	
CA	
0	
0	
- 1	
5	
-	
N	
MARYLAND 21215-0020	
Ò	
=	
~	
⋖	
1	
_	
Œ	•
1	
-	
>	
111	4
ш	
œ	
0	
0	,
5	П
=	,
	•
BALTIMORE,	4
-	
-	•
m	
	4
	-
-	
-	Calebra de Liberto
0	-
9	-
-	3
$\infty$	3
9	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	S	TATE OF MA			T OF HEALTH E OF DEAT		AL HYGIENE REG. NO.	11-1	2-94	
	WA	十月巨八	- DITTILL					2. DATE OF DEATH MONTH / M DAY 12 YEAR 6:30P			
	4. SOCIAL SECURITY NUMBER 216-42-4733  99. FACILITY NAME (If not instit	10	M 2 KF	AGE (In yrs. last	YRS. MONTHS	T YEAR IF UNDER DAYS HOURS Y, TOWN OR LOCATION	мн. (Мо Ма	e of Birth offi, Day, Year) 1	1898	IRTHPLACE (State or Foreign buntry) England	
OR	9 Bristol Cir		nnapolis	OF DEATH	90. COUNTY OF DEATH  Anne Arundel						
DIRECTOR		OB. COUNTY Anne Ar	rundel		10c. CITY, TOWN	OR LOCATION				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
1. 1	100. STREET AND NUMBER  9 Bristol C					10f. ZIP CODE	of, ZIP CODE 10g. CIT			of WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		ED 13.	WAS DECENDENT O	GIN? (Specify Yes o Rican, atc.)	RACE - American Indian, Black, White, stc.			
ETED	(Specify only highest grade completed) (( Elementary/Secondary (0-12) College (1-4 or 5+)		(Giv	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  OWNER			66. KIND OF BUS	iness/industricting Co	Y		
BE COMPL	12 17. FATHER'S NAME (First, Middle, Last) Thomas Housley						Georgin	t, Middle, Maiden S na Havyk	Sumame)		
10	190. INFORMANT'S NAME (Typ)  Reginald Ba  20a. METHOD OF DISPOSITION 10 Burlet 2 Cremetion	arrett				S (Street and Number Circle A	nnapolis	s, Maryl		401	
NTION	Approximation   Complete   Comp										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  d.  PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN										
N: MEDICAL	PART II. Other algoriticant	suiting in the u	he underlying cause given in Part I.  24a. WAS AN AUTT PERFORMED  1 □ YES 2 1				AVAILABLE PRIOR TO				
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 ☐ YES 2 ☑ NO	НС	OSPITAL:	ER/Outpatient 3	DOA 4 Nu		EATH (Check only				
РНУ	27. MANNER OF OEATH		28a. DATE OF III (Month, Day		28b. TIME OF INJURY M	28c. INJURY AT WORK?	26d. D	ESCRIBE HOW IN	JURY OCCURE	D	
	1 Netural 5 Pe			2 Accident Investigation 3 Sutcide 8 Could not be determined 28e. PLACE OF INJURY — At home building, stc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
ED BY	2 Accident tm 3 Sutcide 8 Co	vestigation ould not be	28e. PLACE OF building, at	INJURY — At honic. (Specify)	ne, farm, street, tax		28t. Ld	OCATION (Street a ity or Town, Stete)	nd Number or R	ural Route Number,	
OMPLETED BY	2 Accident hm 3 Sutcide 8 Cc 4 Hornicide de  29e. CERTIFIER (Check only	vestigation build not be retermined	: To the best of m	ry knowledge, des	th occurred at the	time, date and place,	end due to the	ty or Town, Stete)	ner ee stated.		
BE COMPLETED BY	2 Accident hm 3 Sutcide 8 Cc 4 Hornicide de  29e. CERTIFIER (Check only	vestigation puid not be itermined  YING PHYSICIAN AL EXAMINER: Or	: To the best of m	ry knowledge, des	th occurred at the	time, date and place,	end due to the dead at the time, de	ty or Town, Stete)	ner ee stated. d due to the cet	ural Route Number,  see(e) end menner as state INED (Month, Day, Year)	
E COMPLETED BY	2 Accident the state of the sta	vestigation build not be remined  LYING PHYSICIAN AL EXAMINER: 01 F CERTIFIER	: To the best of m n the beele of exa	ny knowledge, dea mination end/or in	th occurred at the restigation, in my	time, dete and place, opinion, death occur	end due to the ded at the time, de	cause(e) end man	aner ee stated.  d due to the cel  29d. DATE Sig	use(e) end menner as state INED (Month, Day, Year)	

DHMH-18 Rev 1/89



3
9
-
6876
BOX
ш
Ö
σ.
-
Ś
$\alpha$
ECOI
C
Щ
-
TAL
A
>
LL.
0
_
~
2
S
5
=
$\overline{\Box}$

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Anours after death. Page 6 may be retained by the hospital or attending physican and completely filled in by the funeral director, page 5 should be detached for use as the buriate filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

								94	34516	
	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPART	MENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO.	E 11-	13-94	1:30AM	
- 1	1. DECEDENT'S NAME (First, Middle, Last)	, Do			enjamin	2. DATE OF DEATH	Ŋ	YEAR 3.	TIME OF DEATH	
12	JORIS E. BENJ 4. SOCIAL SECURITY NUMBER 5, SEX	AMIN 6. AGE (In yrs. II	est hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 4	94 BIRTHRI	ACE (State or Foreign	
X	216-44-1475 10 M2	4.14		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	2	Penns	sylvania	
	9e. FACILITY NAME (If not institution, give street and num	nber)	1	b. CITY, TOWN	OR LOCATION OF DE		9c. COU	NTY OF DEAT		
DIRECTOR	Meridian Spa Creek Nu	rsing Home		Annapo	lis		A	nne A	rundel	
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10	Dd. INSIDE CITY	
	MD Carroll			Hampst					☐ YES 2 XNO	
FUNERAL	3202 Laverne Circle			10	1. ZIP CODE 2107	A			AT COUNTRY?	
JNE		ECEDENT EVER IN U.S.,	RMED	13. WAS DEC		*T NIC ORIGIN? (Specify Yee			States	
	1 Never Married 2 Merried FORCE	S? 1 YES 2 2 GIVE WAR OR DATES	NO	If yes, sp		in, Puerio Ricen, etc.)	or No.		- American Indian, Vhite, atc.	
р Ву	3 Widowed 4 Divorced							Cau	casian	
II	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		ECEDENT'S US Give kind of wor le. Do NOT use	SUAL OCCUPATI rk done during me retired )	ON ost of working	16b. KIND OF BUS	SINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12) College (1	-4 or 5+)	Nurse			Heal	th C	are		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
BE (	Charles Sundmacher					Walker				
5	196, INFORMANT'S NAME (Type/Print)  Carol Sullivan	'				Route Number, City or Tow			•	
	200. METHOD OF OISPOSITION	20h PLACE		DISPOSITION (N		napolis, Ma		Cify or Town		
	1   Burief 2 XI Cremetion 3   Removal from State   cametery, cremetory or other place   1 - 13 - 94   Brentwood, Waryland									
	21. NONARAME OF SUNFRAL SERVICE LICENSEE	S		22. NAME A	ND ADDRESS OF FA	out John M. loucester A	Tay	lor Fu	ineral Home	
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of	ons thet caused tha c	leath. Do no	t enter the mo	ode of dying, suc	h as cerdlec or respi	ratory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Finel		0		00				Interval Between Onset end Death	
	disease or condition resulting in daeth)	CA	TC	)WC	leis				no	
_		OUE TO (OR AS A CONS	EDUENCE OF)							
TIFICATION	Sequentially liet conditione, if eny, leeding to immediate	DUE TO (OR AS A CONS	EOUENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
	resulting in deeth) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):							
CER	d								<u> </u>	
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contribu	ting to deeth but not	recuiting in	the underlying	g ceuee given in	Part I. 24s. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS AILABLE PRIDE TO	
ED I	1 30	0-0-0-1		00 00	0.0	1 - YES 2	KHO	OI	OMPLETION OF CAUSE F DEATH?	
2	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF	DEATH	YES   No	0 80		1	YES 2 NO	
IA	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	7				
YSIC	1 ☐ YES 2 NO 1 ☐ Input	AL: ent 2 - ER/Outpatient	3 DOA	OTHER: Nursing Hon	ne 5 🗆 Reeldence	6 Other (Specify)				
		Month, Day, Year)	28b. TIME	TY WO	JURY AT ORK?	28d. OEŞCRIBE HOW II	NJURY OC	CURED		
B	Accident Investigation	LACE OF INJURY At I	nome form etr		YES 2 NO	284 LOCATION /Creat	and Alumba	a an Durant Base		
표	4 Homicide 6 Could not be determined	uliding, atc. (Specify)	,	,, , 01110	-	281. LOCATION (Street a City or Town, State)	area reumide	or Hural MOU	e reunion,	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	beat of my knowledge, o	leath occurred	at the time, data	end place, and due	to the cause(s) and mar	ner sa sta	ited,		
OM	one) 2 MEDICAL EXAMINER: On the ba								nd menner ee atated.	
ш	MA SIGNATURE AND TITLE OF CERTIFIER	A			29c LICENSE NUM	MBER O	29d. DAT	E SIGNEO (M	onth, Pay, Year)	
9	36 NAME AND ADDRESS OR/BERSON ANNO COROL IV	WIAW)			UN	438	•	111/3	3 194	

DEATH (ITEM 27) (Type Print)

W 60RIDGELY ENT M 600 RI

22. HEGISTRAN'S SIGNATURE

Jaha Dawalson Randall

OHMH-16 Rev 1/89

ospit	hed	as
he h	detac	OUC
by th	2	at a
ned	рило	pe
retai	S Sh	i i
Pe	age	- Pe
may	of bo	150
ge 6	rect	Ē
Pa	rai d	Ē
eath	fune	Xam
fter c	青	ai e
IFS 3	D D	adic
NOU	8	E
A 24	ly fil	#
with	plete	ent,
ted	EO CO	. &
Deece	and	natio
pe	cian	and a
cate	hysic	4
ertifi	ng di	1
th o	tend	6
dea	And at	ET,
it the	byth	=
s tha	Ded th	am
quire	Sign	OWS
V rec	beer	Sh
ie B	has	1 23
1	cate	iter
ICIA	ertif	6
HYS	his c	Ked
NG P	ter t	Har
QN	R. A.	69
ATTE	6	200
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached side within 79 hours after death with the Cotae Board of Manager and Manager than being mice to bring a completely filled in by the funeral director, page 5 should be detached	The most are used with the Sale cept, or regard and mental righters prior to benefit centration, or entired.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	AL 2	2 =
OSP	JNEF	E.
H H	出る	E
0 1	10	MPC
-	F 2	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)	Parline S. Bresnahan		2. DATE OF DEATH MONTH DAY 11,	3. TIME OF DEATH 1994 4:30 PM M					
	4. SOCIAL SECURITY NUMBER 214 - 44 - 99//	5. SEX  8. AGE (In yrs. lest birthday)  1 M 2 X F  88 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 24, 1906	BIRTHPLACE (State or Foreign Country)     Maryland					
l Ro	98. FACILITY NAME (If not institution, give str 211 Edgewater Dr	· · · · · · · · · · · · · · · · · · ·	9b. CITY, TOWN OR LOCATION OF DI Edgewater	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	10s. STATE 10b. COUNTY  MD Anne	100. 011	r, town on Location Igewater		10d, INSIDE CITY					
FUNERAL	10e. STREET AND NUMBER 211 Edgewater Dr		101. ZIP CODE 21037		ITIZEN OF WHAT COUNTRY?					
B≺	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2 HO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 — YES 2 NO Specifi	NIC ORIGIN? (Specify Yes or No— in, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		titles .	166. KIND OF BUSINESS/II	NDUSTRY					
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Snyder	2 yourg Tromon	16. MOTHER'S NA	ME (First, Middle, Maiden Surname) Burdette						
5	19a. INFORMANT'S NAME (Type/Print) Pauline B. Green	4765	ADDRESS (Street and Number or Rural of Mountain Rd. P	asadena, Maryla	Zip Code) and 21122					
	200 METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo 4 Donetton 5 Other (Specify)	All "Hallow	F DISPOSITION (Name of 11/14 her PChurch Cemete	ery Birds	- City or Town, State ville, Maryland					
	Jamen	Morrisia	147 Dke of G	loucester St. A						
ATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF	):	h as cardiac or reapiratory a	Approximats Interval Batween Onset and Death					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  Octuber voture  Classicore	contributing to death but not resulting in	n the underlying cause given in	Part I. 24a. WAS AN AUTOPS: PERFORMED?  1 YES 2 -NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH (Ch	eck only one)						
	1  YES 2  10 NO  27. MANNER OF DEATH  1 Netural 5  1 Pending	1   Inpatient 2   ER/Outpatient 3   DOA    28e. DATE OF INJURY (Month, Day, Year)   28b. TIME INJURY	JRY WORK?	8 Other (Specify)  28d. DE\$CRIBE HOW INJURY OF	CCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, st building, atc. (Specify)	" TES 2 NO	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,					
COMPLET	29a. CERTIFIER 1 CCheck only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, death occurred: On the bests of examination and/or investigation	d at the time, date end place, and due 1, in my opinion, death occured at the	to the cause(s) and manner es at time, data and place, and due to	ated, the cause(s) and manner as stated.					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2 Orderson, mg	29c LICENSE NUN		ITE SIGNED (Month, Day, Year)					
-	30. NAME AND AGGRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH (ITEM 27) (Type,		arcian M.D.						
	31. DATE FILED (Month, Day, Year) NOV 1 4 1994	32. REGISTRAR'S SIGNATURE	David C. Ande 600 Ridgely Ave Annapolis	nue, Suite 120						
	0		(410) 224	1-0070	DHMH-16 Rev 1/89					

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)					OF			REG. NO.				
	les Blackbu							2. DATE OF DEATH DAY 11 09 94			3. TIME OF OEATH 9:05AM	
4. SOCIAL SECURITY NUMBER 214-22-9019	5. SEX 8. 1	AGE (In yrs. last		MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D June	BIRTH By. Year) 21 19	07	Country	PLACE (State or Foreign th Caroli	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT								
Calvert Manor Nu	Calvert Manor Nursing Home					Rising Sun Cecil						
10e. STATE 10b. COUNT	Y, TOWN OR LOCATION					10d. INSIDE CITY						
MD Cec:	E11	kton							LIMITS?			
3044 Singerly Ro	4		101. ZIP CODE			10g. CITIZEN OF WHA			HAT COUNTRY?			
11. MARITAL STATUS		21921			USA							
1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC Of If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify:			ORIGIN? (Specify Yes or No— uerto Rican, atc.)  14. RACE — liack, w Specify: White			— American Indian, , White, etc.	
15. OECEDENT'S EDI	15. OECEDENT'S EDUCATION (Specify only highest grade completed)				CUPATION	l	16b. KI	NO OF BUSI	NESS/IND	USTRY		
Elementary/Secondary (0-12) Unknown Unknown		Me. L	(Give kind of work done during most of working life. Do NOT use retired.)  Laborer			Fa	rming					
17. FATHER'S NAME (First, Middle, Last)												
Roey blackburn			18. MOTHER'S NAM						urname)			
19a. INFORMANT'S NAME (Type/Print)		401	Mary Ja  19b. MAILING ADDRESS (Street and Number or Rural I						A	0.11		
Grace Porter									State, Zip	Code)		
20a. METHOD OF DISPOSITION	20a. METHOD OF DISPOSITION 2			24 Foxchase Dr Eiktor					DATE 20c. LOCATION — City or Town, State			
1 DiBuriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	BelAir	gy, crematory or other place) Air Mainorial Gran 11-1					94 BelAir 10				
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSER			22. N	T F	oard Fur Queen S	neral l		ura MI	) 2	1911	
disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Cause. Enter UNDERLYING CAUSE (Disease or injury												
that initiated events	events OUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST	d											
PART II. Other algoriticant condition	one contributing to dec		eulting l	n the und	lerlying	ceuse given in		e. WAS AN A PERFORM  YES 2	ED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PART II. Other algoriticant condition of the condition of	is aget		eulting li	n the und		ceuse given in	_ 1	PERFORM	ED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algoriticant condition of the condition of	HOSPITAL:	ws.		QTHER:	26. PLA	ICE OF DEATH (C)	neck only one)	PERFORM	ED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algoriticant condition of the condition of	is aget	WOutpetleint 3 [		OTHER:	26. PL/I : ng Nome 28c. INJU WOR	CE OF DEATN (C/ 5 - Residence RY AT	neck only one)	PERFORM  YES 2 ]	NED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algorificant condition of the condition of	HOSPITAL:	ws.		QTHER:	26. PLA	ICE OF DEATH (C)	neck only one)	PERFORM	ED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	

_
w .
~
100
68
4.00
Ф
~
ВОХ
$\circ$
-
<b>33</b>
_
O.
<b>U</b>
-
Δ.
-
- 01
(A)
-
$\cap$
Control of the last
CC.
_
0
RECO
ш
-
$\alpha$
-
•
_
-
-
-
4.4
ш.
_
<b>U</b>
_
_
=
$^{\circ}$
~
1181
W/
>
-
=
$\cap$
and the same

al or	for us		
hospil	ached		e d
by the	be det		at on
ained	pond		Med
be ret	de 5 s		e not
may	ior, pa		ust b
Page 6	direct		E H
eath.	uneral		amin
after d	y the f	noval.	cai ex
JOURS :	d in b	or ren	medi
n 24 I	ly fille	ation,	the
d with	mplete	, crem	event.
recute	and co	burial	atic
e pe	ician a	nor to	maeu
rtificate	g phys	lene p	ther
ath ce	tendin	al Hyg	0 00
the de	the a	3 Ment	Injury
that	ned by	Ith and	any
equires	en sign	of Hea	hows
J ME	as be	Dept. (	23 \$
N: The	cate h	State	item
SICIA	certif	h the	d, 0r
G PH)	er this	ath wit	narke
ENDIN	B. Aft	ter dea	I is n
R ATT	RECTC	ours af	Bm 28
ITAL D	RAL D	22 20	H HE
HOSP	FUNE	within	TANT
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	e filed	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		Δ	

		FOR
1	_	STATE
		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO					
18	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	av ven	3. TIME OF DEATH			
9		Alma G. Be	outin			November 6		1300 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bt	PITHPLACE (State or Foreign			
- 8	564-84-7748	1 M 2 X F	87 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 16.		untry) Assachusetts			
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O				
K	Laurelwood Nursin	ng Center	ľ	E1ktor	1		Cecil				
티티	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		1.0	, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?			
	Maryland Cecil	Ι	E11	kton				1 X YES 2 NO			
A	10e. STREET AND NUMBER	-		10	1. ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	100 Laurel Drive				21921		U.S.A	١.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14. R	ACE American Indian,			
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES NO		ectly Cuban, Maxica: 2 🔯 NO Specify	n, Puerto Rican, etc.)		leck, White, etc.			
	3 [X widowed 4   Divorced							White			
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION done during me retired.)	DN ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Y			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	•	ŀ					
₩ P		4	Homemal	ker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BE	Alfred Che	enard				Olivan Dr	аро				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street )	and Number or Rural F	Route Number, City or Tow	n, State, Zip Code)				
F	Thomas E. Wade		1167	Appletor	Road -	Elkton, MI	21291				
	20a, METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3 Remo	20b.	PLACEANDDATEO	F DISPOSITION (N	ame of	11-10 20c. LO	CATION - City or	Town, State			
	4 Donatton 5 Other (Specify)	A Cent	etery, cremetory or other Saints	s Cemete	ry	1994 Ne	wark, D	elaware			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME A	ND ADDRESS OF FA	or Funeral					
- 1	<b>•</b> 1	11.		103	West Sto	or Funeral	S, P.A.				
	Donald S.	Hicks		Fikt	on, MD	ckton Stre 21921-5521					
	23. PART i. Enter the diseeses, or co shock, or heart failure. L	iat only one ceuse on e	the death, bọ n nch lina.	ot anter tha mo	de of dying, sucl	n ss cerdiac or reapi	ratory srrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final										
	resulting in death) s. CONCESTIVE HEAVE FALCUES										
1	disease or condition resulting in death)  s. CONCESTIVE HEAVY FAILURS  OUE TO (OR AS A CONSEQUENCE OF):  Sequentisity list conditions, if army, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions. To ARTHURGEBROTTIC CARDIOVAS CULTA ALSTAST.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	NEW DEVI DIASETES WE delites							
5	an ional (discount of injury)	1 November	CONSEQUENCE OF	OLUI.	BINSE	ES Mit	Il The	5			
Ē	that initiated evente resulting in daeth) LAST	OUE TO (OH AS A	CONSEQUENCE OF	):							
5	d.										
	PART ii. Other significant conditions	contributing to deeth bu	ut not resulting in	the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS			
EDICAL						PERFOR		AMILABLE PRIOR TO COMPLETION DF CAUSE			
8						1 TYES 2	□ NO	DF DEATH?			
Σ						-		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF BEATH OLD						
를 당	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che						
¥ I	1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpu			a 5 Residence						
	1 Netural 5 Pending	(Month, Day, Year)	286. TIME	JRY WO	RK?	28d. DESCRIBE HOW II	NJURY OCCURED				
B	2 Accident Investigation				YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, st	treet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Run	el Route Number,			
	Tomicio Gatariinad										
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(a) and man	ner as stated.				
COMPLET		: On the basis of examination						e(a) and menner as atated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c, LICENSE NUM	BER	29d DATE SIGN	IEO (Month, Day, Year)			
BE	Jelund.	Marie			10700	2	D // /	1016(1			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	166	. 2	10/1	0/84			
	Rolando A. Najera				Suite 2A	- Elkton	MD 219	921			
	31. DATE FILED (Month, Day, Year).	E PROPRINCIPALITY	TUAN								
].	31. DATE FILED (Month, Pay, Ser).	1									
		17'									

VI. LF \_ DEK

DHMH-16 Rev 1/89

hours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withlin DIVISION OF VITAL RECORDS, P.O. BOX 68760

- 6	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	),			
- 9	1. DECEDENT'S NAME (First, Middle, Last)		:	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEAT						
Į.	MTCHAEL BOVKO					11 14				
100	216184577  9a. FACILITY NAME (# not Institution, give s	1 🔀 M 2 🗆 F	69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	25	BIRTHPLACE (State of Country) Marylan	Foreign d	
ECIOR	PORTY DOINT VA		- 1		Point Ma			of DEATH		
H	Maryland  100. STREET AND NUMBER	Cecil	10c. CITY,	TOWN OR LOCAT	Port	Deposit		10d. INSIDE C LIMITS? 1 TYES 2	(X NO	
NERAL	225 Principio Ro				21904			U.S.A.	7	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 12 YES IF YES, GIVE WAR OR W.W.		If yea, sp	ENDENT OF HISPANIC ectiv Cuban, Maxican, 2 NO Specify:		a or No→ 14	Black, White, etc. Specify: Whi		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	JSUAL OCCUPATION done during mo		16b. KIND OF BU		TRY		
COMPLET	Eleven Years	College (1-4 or 5+)	Transpor	retired.)	12	Aberdeen Aberdeen		ng Ground land	l	
ဗ	17. FATHER'S NAME (First, Middle, Last)	a. de a			18. MOTHER'S NAME					
BE	Stephen Bo	Јуко	405 8448 840	1000000 (O	nd Number or Rural Rou	Anna Rawl				
2	Marguerite L. Boy	ko			Perryvil			21903		
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo	20	Ob. PLACE AND OATE OF employer, crematory or oth Mt. Erin	F DISPOSITION (Na	me of	DATE 20c. LC	CATION — CIT	y or Town, Stata	1arv	
	21. SIGNATURE OF FUNERAL SERVICE-LIC		Sr	Lee	ADDRESS OF FACIL A. Patters	son & Son		-	icity.	
CATION	ehock, or heart failure. List only ona ceuse on each lina.  IMMEDIATE CAUSE (Final disease or condition reculting in death)  e. Acute Myocardial Infarction  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):									
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
J 1	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDIN									
MEDICAL	Pulmonary Ede					PERFOI		AVAILABLE PRINCOMPLETION OF DEATH?	F CAUSE	
AN	DID TOBACCO USE CONTE	RIBUTE TO CAUSE			UNCERTAIN					
SICI	EXAMINER?	HOSPITAL:		OTHER:						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	uRY AT RK?  /ES 2 NO	d. DESCRIBE HOW	NJURY OCCUP	RED		
ETED B	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	ty — At home, term, str ecity)	reat, factory, offici	21	81. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
	29a. CERTIFIER (Check only	CIAN: To the best of my kno								
COMPLE	one) 2 MEDICAL EXAMINE	R: On the base of axaminati	on and/or investigation	, In my opinion, d	eath occured at the time	e, data and placa, ar	id dua to the c	ause(a) end manner a	a stated.	

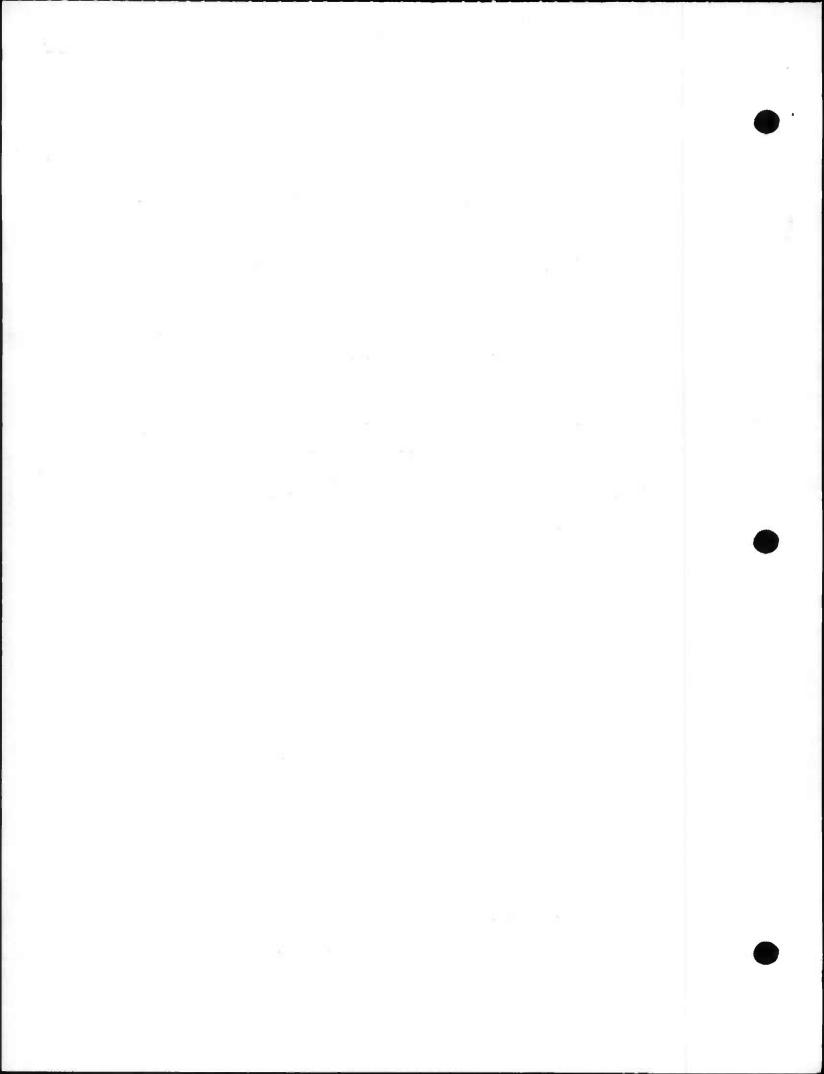
Julia Savidson Bandall

6+11/4

94

32. REGISTRAR'S SIGNATURE

7'94



after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	inoval. Icai examiner must be notified at once	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNESTAL After this everificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director t	be med whim it, hours are bean win he state bebt, or heading my wents hyperby prior to burds, cremation, or removal.  IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

AR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		IENE NO.
NAME (First, Middle, Lasi)	DOM	2. DATE OF DEA	TH DAY

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AN								
	1. DECEOENT'S NAME (First, MIDDIE, Last)  ROBERT BROWN			2. DATE OF DEATH	06 199	3. TIME OF DEATH 4 0728 M					
	4. SOCIAL SECURITY NUMBER  220-24-9399  1   M 2   9a. FACILITY NAME (If not institution, give street and numb	/ 4	RS. 7. DATE OF BIRTH (Month, Day, Year) 0 9 - 0 3 - 1	922 8. BIF	THPLACE (State or Foreign intry)						
DIRECTOR	Anne Arundel General Hospital Annapolis AA										
	MARYLAND ANNE ARUN 10s. STREET AND NUMBER		ANNAPOLIS		10d.						
BY FUNERAL	1 Never Married 2 Married FORCES	CT APT. 3  CEDENT EYER IN U.S. ARMEO  7 1 YES 2 THO  BIVE WAR OR DATES		WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American India yea, specify Cuban, Maxican, Puerto Rican, stc.)							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 2 yrs.	(Give kind of v life. Do NOT us	USUAL OCCUPATION Nork done during most of working e retired.)  INTANCE	16b. KIND OF BU	USINESS/INDUSTRY	LACK					
BE CON	17. FATHER'S NAME (First, Middle, Last) CHARLES H. BROWN		18. MOTHER'S	S NAME (First, Middle, Maide CARRIE BROV	WN						
5	JOYCE FORRESTER	19b. MAILING 1907	ADDRESS (Street and Number or R D COPELAND ST.	ANNAPOLIS,	wn, State, Zip Code) MD • 214	01					
	20a. METHOD OF DISPOSITION  ÛCKBurlel 2 ☐ Cremetion 3 ☐ Removal from Sta 4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ACTU	20b. PLACE AND DATE OF CANNAL POLITS OF	PERFORMANCE OF CONTROL	11/11/94 A	OCATION — CHY OF NNAPOLIS						
CERTIFICATION	23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cerdiac or respiratory arreat, abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Acute Cardiovascular Insufficiency  Due to (or as a consequence of):  b. ASCVD  Due to (or as a consequence of):  c. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contribution	ng to daeth but not resulting I	n the underlying ceuse giver	1   YES	RMED?	Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  t X YES 2 NO 1   Inception	L:	28. PLACE OF DEATH								
B	27. MANNER OF DEATH  1 X Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be  288. PL	TE OF INJURY 28b. TIME INJURY At home, farm, siding, etc. (Specify)	M 1 YES 2 NO	28d. DESCRIBE HOW	and Number or Rura	I Route Number,					
COMPLETED		est of my knowledge, death occurre	d at the time, data and place, and	due to the cause(a) and ma	enner as atated.	(a) and manner as stated					
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHO COMPLETED	Dept Dept	aty D C		29d. DATE SIGNE	ED (Month, Day, Year) 8 - 1994					
	William P. Jones, M		rica Ct. Dav	idsonvill	e, Md.	21035					
	NOV 1 5 1994	Stander Randall									

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTABRE If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UF IV		ERTIFI					MENIAL	REG. NO.	Ŀ		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
ALFRED					NOV.	9 199	-	YEAR	6:18pm M			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	· · · ·	IF UNDER t		IF UNDER		7. DATE C	F BIRTN		6. BIRTNP	PLACE (State or Foreign
408-09-4507	1 🔀 🕅 2 🗌 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC	22 19	07	ALAB	AMA
9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	EATN		9c. COI	UNTY OF DE	ATH
ANNAPOLIS NURSING	& REHIBI	LITATIO	N CE	TER	ANI	NAPO	LIS			AN	NE AR	UNDEL
RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY			10c CITY	TOWN OF	R I OCATI	ON						10d. INSIDE CITY
	E ARUNDE	ידי				ON .						LIMITS?
10e. STREET AND NUMBER	L AKUNDE	بل	ANN	APOL	_	ZIP CODI	F			10a CI		1 XXES 2 NO
29 W. WASHINGTON	STRFFT	ΔРТ 50	6			2140						
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DECE	NDENT C	F HISPAN	NIC ORIGIN?	(Specify Yes		USA 14. RACE	— American Indian, White, etc.
1 Never Married 2 Married	IF YES, GIVE W		10	1	yea, spe	city Cuba 2XXNO	n, Maxica Specify	in, Puarto Ri y:	can, etc.)		Black, Specify	
3 XVIdowed 4 Divorced	W.W.II										BL	ACK
15. DECEDENT'S EDUC (Specify only highest grade of		(G	CEDENT'S L ive kind of we Do NOT use	ork done du	CUPATIO uring mos	N t of workir	g	16b.	KIND OF BUS	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	,			D							
12th 17. FATHER'S NAME (First, Middle, Last)			CAB D	RIVE	R	10 11077	VER'C NA	BAF (First 44	COL(		L CAB	CO.
ROBERT G. BROWN					- 1							
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street ar				OHNSO		in Code)	
ALVIN T. BROWN												SE37203
20a. METNOD OF DISPOSITION	COLUMN VINE	20b. PLACE	AND DATE OF	F DISPOSIT				DATE			- City or Tow	
1 Burial 2XXCremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	cemetery, cre	metory or oth	er place)								
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE					D ADDRE						
Larry 4 s	Rooal								ARY, ]			_
23. PART I. Enter the diseases, or co	plications that	caused tha de	ath. Do no	t enter t	ha mod	la of dy	ing, suc	ANNAP has cardi	OLIS.	MD.	2140 rrest.	Approximate
shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only ona caus	se on each line			,			7		Λ		Interval Between Onset and Dasth
disease or condition	Andonia	Colonat	100	and	in	Buck	Am	Hus	Caitt			14 40
resulting in death)	DUE TO	OR AS A CONSE	UENCE OF		200	190	0	2	20)10			17 Jan
	Con	Of got	7/1	h	la	x	fa	ilu	70			
Sequantially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	QUENCE OF)	:		Ç						
CAUSE (Disease or injury	Due To	OR AS A CONSEC	NETICE OF									
that initiated evants resulting in death) LAST	DUE (U)	OH AS A CONSEC	DUENCE OF	4								
d.												
PART) II. Other significant conditions	contributing to	death but not r	esulting in	the und			dven in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Canonia Ce	mal 1	dila	101	7	180	u	٨_	_	1 TYES 2	A/		COMPLETION OF CAUSE OF DEATN?
				/				_		/		1 PES 2 NO
DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIL	N D				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PLAC	E OF DEATH	(Check or								
1 TYES 2 NO	1   Inpatient 2		□ DOA	Nursi	ng Nome		aldenca	6 Other				
1 Netural 5 Pending Investigation	28s. DATE OF (Month, Da		28b. TIME INJU		28c. INJU WOR 1   YI	HC?	] NO	28d. DE\$C	RIBE NOW II	JURY O	CCURED	
3 Suicida 6 Could not be datarmined	28s. PLACE Of building, a	INJURY At house. (Specify)	me, farm, at	reet, factor	ry, offica			281, LOCAL City or	TION (Street a Town, State)	nd Numbe	er or Rural Ro	ute Number,
CERTIFYING PHYSIC												
2 MEDICAL EXAMINER	On the basis of ax	amination and/or i	nvestigation	, in my opi		eth occur			nd place, and			and mannar as stated.  Month, Day, Year)
Telen 10	el_	Oh				U	16:	53		<b>&gt;</b>	11-10	1,9
30. NAME AND ADDRESS OF PERSON WHO	KOUW	L OF DEATH (ITEM	3 12	rost	A	. 1	An	4900	Pis. h	0	2/00	01/
31. DATE FILED (Month, Day, Year)	32. REGISTRAF	4	0 0			1		0	7.	1	7	
NOV 15 1994 Julia Davidson Reveally												

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-gransit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

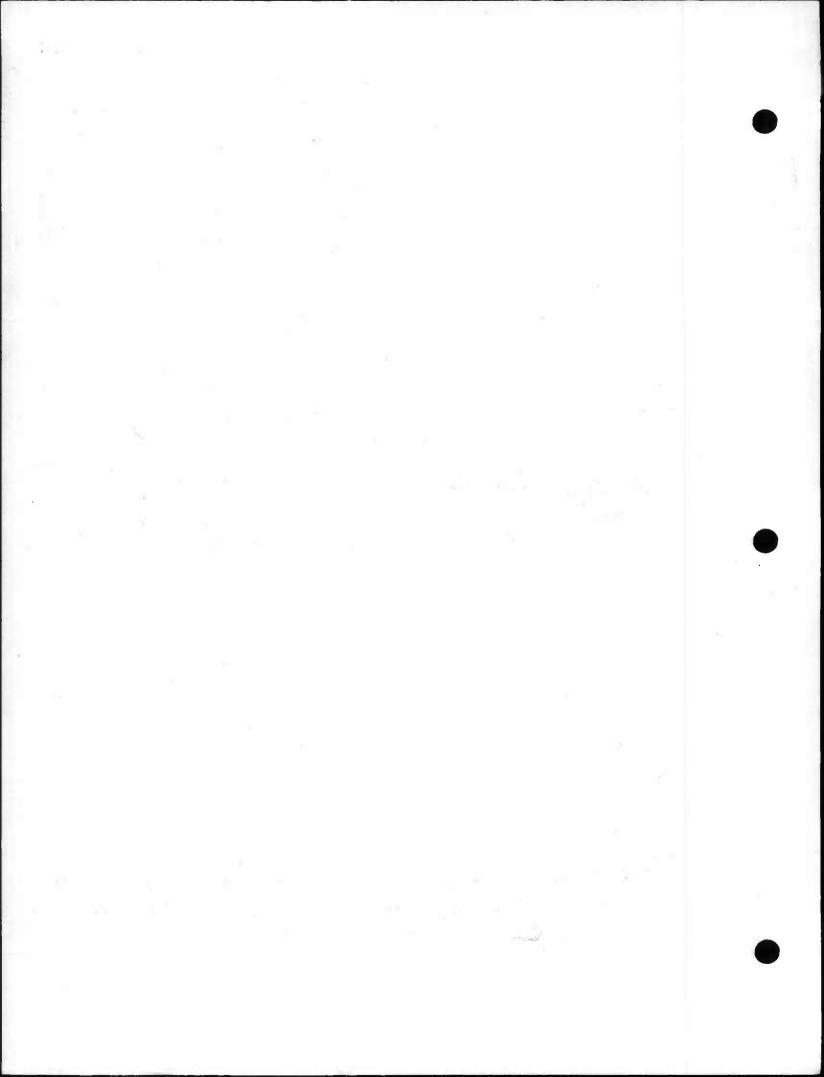
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF D									
	1. DECEDENT'S NAME (First, Middle, Last)  DAVID LORIN BROWN	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH 3: 250 M								
	213-04-6869 1 1 M 2 □ F // YRS. MONTHS DAYS F	F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country)								
OR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  A A  A  A									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION A. A. N.C. (C)	LIMITS?								
FUNERAL	500 p 1.00 p	1 ☐ YES 2 MNO  IP CODE  10g. CITIZEN OF WHAT COUNTRY?  CA.								
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEM	DENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American Indian, by Cuben, Maxican, Puarto Rican, etc.)								
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)	of working 166. KINO OF BUSINESS/INDUSTRY								
E COMPL		8. MOTHER'S NAME (First, Middle, Maiden Surname)  KADIERINE KOZAK								
TO B		Number or Rural Aquite Number, City or Town, State, Zip Code) Red Brooklandville Mn 21025								
	20a. METHOD OF DISPOSITION 1	OATE 20c. LOCATION — City or Town, State								
		ADORESS OF FACILITY AND SONS PURE PARTIONS								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line.	of dying, such as cardiec or respiratory arrest,  Approximate Interval Between								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Renal Fallure  Due TO (OR AS A CONSEQUENCE OF):									
NOI	Sequantially list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
0	d									
MEDICAL	Contains contained to the second seco	ause givan in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?								
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DE	UNCERTAIN U								
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER:									
HYS	27. MANNER OF CEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY	5 MRResidence         8 □ Other (Specify)           Y AT         28d. OESCRIBE HOW INJURY OCCUREO								
B≺	The Natural Signal Pending Minvestigation Minvestig	281. LOCATION (Street and Number or Rural Route Number,								
ETE.	4 Homicide determined	City or Town, State)								
COMPLETED										
ш	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and the time, data and the time of the best of axamination and/or investigation, in my opinion, deat									
ω	(Check only 1 DEPTHING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, data and one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and one)  29b. SIGNATURE AND TITLE OF CERTIFIER  Pedication (A)									
TO BI	(Check only 1 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, deat	h occured at the time, data and placa, and dua to the cause(a) and manner as stated.								

	Z		)
Allin.		permit. P	,
BAI TIMOBE MARYI AND 21215-0020	hours a	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	Gorn									8:50 A M			
					eitzel 8. AGE (In yrs. last birthday)			IF UNDER		7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	182-30-1966	5	1 XM 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9261918		Mary	vland
	9a. FACILITY NAME (If not in	stitution, give si	reet and number)			9b. CITY	, TOWN	OR LOCATI	DN OF DE		9c. COU	INTY OF DE	
O.	A CONTRACTOR OF THE PARTY OF TH	dorf F	Road			F	Bitt:	inger			Ga	rrett	b
딥	RESIDENCE OF DEC	10b. COUNTY			Inc CIT	Y, TOWH	OB LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland Garrett					inge		1011					LIMITS?
	10e. STREET AND NUMBER	Carre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IDICC	inge	-	. ZIP COD	E		10a. CIT		1 YES 2 X NO
FUNERAL	Orendo	orf Roa	d (P.O.	Вож 30	)			2152	22		US		
S	11. MARITAL STATUS	_	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (	OF HISPAN	IC ORIGIN? (Specify Yea	or No-	14. RACE	American Indian,
	1 Never Married 2 XX Married FORCES? 1 YES 2 XI						If yes, sp	ecify Cubs	n, Maxicar	, Puarto Rican, etc.)		Black,	White, etc.
Э ВУ	3 Widowed 4 Divo	rced						21				wh	nite
田田	15. OEC (Specify only	EDENT'S EOUG highest grade	CATION completed)	/G	CEOENT'S	work done	during me	ON est of working	ng	18b. KINO OF BUS	INESS/IN	OUSTRY	
COMPLET	Elamentary/Secondary (0	-12)	College (1-4 or 5	+)	. Do NOT us	,				Harris /D-			
M	17. FATHER'S NAME (First, M	iddle ( eet)		Pa	inter		_			House/Ba		ainti	ing
E C	Daniel Beit	. ,						2.17.17		chrock	Surname)		
00	19a. INFDRMANT'S NAME (7		-	19	b. MAILING	AOORES	S (Street e			CITE OCT.	n State 7	n Corfe)	
2	Virginia St	acy Be	itzel.	I	2.0.	Вох	30,	Bitt	inge	r, MD 215	22	p code)	
	20a. METHOO OF DISPOSIT			20b. PLACE	AND DATE	OF DISPOS	SITION (Na	ame of		OATE 20c. LO	CATION —	City or Tow	vn, State
	1 M Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	Cherry	matory or o	ther place. de C	emet	ery	11	-12-94 Ac	cide	nt. M	∕D
	21. SIGNATURE OF FUNERA	ERVICE LIC	ENSEL			22.	NAME A	NO ADDRE	SS OF FAC	CILITY			
	I N Y	Lund	1) lus	nam						Homes, P.			
	23. PART I. Entar the di	sases, or c	ompilications the	t caused tha de	ath. Do r	not enter	tha mo	da of dy	Ing. suct	Grantsvill	ratory ar	D 21	536 Approximata
	shock, ok heart fallura. List only one cause on each line.  IMMEDIATE CAUSE (Final												
	disease or condition $\rightarrow$ a. MESOTHELIOMA OF LUNG TVR												
	resulting in death)		DUE TO	(OR AS A CONSE	QUENCE O	F):				111			· y~
Z	Sequantially list conditi	ions (	),										
CERTIFICATION	if any, leading to immediate.	diata	DUE TO	(DR AS A CONSE	DUENCE O	F):							
를 일	CAUSE (Disease or Inju		oue to	(DR AS A CONSE	OUENCE D	F):							
E	that initiated events resulting in death) LAS	т 📗				,,							i
													+
MEDICAL	PART II. Other significa	nt condition	s contributing to	death but not r	aaulting				Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă					-					1 YES 2	ND		COMPLETION DF CAUSE OF DEATH?
													1 TYES 2/ NO
A N	AT 1110 0105 DESCRIPTION				_								
Ö	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 YES 2 NO		1 Inpetient 2 I		DOA 28b. TIM			URY AT	sidenca	8 Other (Specify) 28d. DESCRIBE HOW II	u u u u o o	OUDED	
	1 Natural 5	Pending	(Month, D			IURY M	WC	PRK?	ON	280. DEŞCHIBE HOW II	NJUHY OC	COMED	
BY	2 Sutelda	Investigation	28a. PLACE O	F INJURY — At ho	me, farm,	street, fac				28f. LOCATION (Street a	nd Numbe	r or Rural Ro	oute Number
COMPLETED		Could not be determined	building,	etc. (Specify)						City or Town, State)			, and the state of
٦	290. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	ed at the	lime dete	and place	and due	to the cause(a) and man	ner ee ete	ted.	
MA										time, data and place, an			and menner as stated.
	THE SIGNATURE AND TITLE		-	7			_		ENSE NUM				(Month, Day, Year)
H	taul J	· tu	Angur.	mo	)			7	23'	774	<b>▶</b>	11-1	D-94
유	30. NAME AND ADDRESS DE				M 27) (Type,	Print)		-				/ /	
	PAUL TO	LIVE	ENGCO)	mi	910	25	ER	NO.	DR	CHMBE	RLA	ND /	nd 21502
	31. DATE FILED (Month, Day,	Year)	\$2. REDISTRA	P'S SIGNATURA									
	NUV 1 4	1334											



Ö	with
68/60	e executed with
	De en
L RECORDS, P.O. BOX	law requires that the death certificate
J.	death o
Š	the
<u> </u>	that
7 1 1 1	requires
_	AR.
4	The
OF VIJAL	PITAL OR ATTENDING PHYSICIAN:
DIVISION OF	ATTENOING
$\frac{1}{5}$	OR.
_	PITAL

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH										
	THOMAS EUGENE BIBLE 11 12 PAY 94 04:00A M										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPI ACE (Shale of Forming)										
	212-38-7159 IM 2 F 55 YRS. MONTHS DAYS HOURS MIN. (MONTH), Day, Year) Country) MARYLAND										
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
E I	MEMORIAL HOSPITAL & MED CTR. CUMBERLAND, MD ALLEGANY										
18	RESIDENCE OF DECEDENT										
H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
ā	MARYLAND ALLEGANY CRESAPTOWN 1X YES 2 □ NO										
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
BY FUNERAL DIRECTOR	2 RICHARDS AVENUE 21502 U.S.A.										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian,										
>	1 Never Merried 2 M Merried  The process of the pro										
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
<u> </u>	Elementary/Secondery (0-12) College (1-4 or 5+)  12  College (1-4 or 5+)  FACTORY WORKER  MILLROOM KELLY  SPRINGFIELD TIRE CO.										
COMPLETED											
	17. FATHER'S NAME (First, Middle, Lest)  GRANT BIBLE  18. MOTHER'S NAME (First, Middle, Melden Surneme)  DOROTHY CRABTREE										
BE											
2	199. INFORMANT'S NAME (TyperPrint)  BARBARA BIBLE  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2 RICHARDS AVE CRESAPTOWN, MD 21502										
· I											
	1 Burlel 2X Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) CUMBERLAND, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	GEORGE-UPCHURCH FUNERAL HOME. P.A.										
	202 GREENE ST., CUMBERLAND, MD 21502  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate										
CERTIFICATION	shock, or heart fellure. List only one cause on each line.  Interval Between Onaet and Death one cause or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
빙	a										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMEO?  1 VES 2 NO  1 VES 2 NO										
-	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 UNCERTAIN										
Ž I	25. WAS CASE REFERRED TO MFDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER?  1 YES 1 NO  HOSPITAL:  OTHER:  4 Norsing Home 5 Residence 8 Other (Specify)										
主	27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
	Natural 5 Pending (Month, Day, Year) INJURY WORK?  Accident Investigation M 1 Tyes 2 No										
ВУ	3 Sucides 28e. PLACE OF INJURY — At home, term, street, factory, office 281. LOCATION /Street and Number or Bural Boute Number										
	4 Homicide detarmined building, etc. (Specify)  City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) and manner as stated.										
MP	(Check only the Center into Pristician: to the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated.    REDICAL EXAMPLES: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner es stated.										
	20h SIGNATURE AND STIE OF PERFEREN										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, North										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	DR. GUY FISCUS, MEMORIAL HOSPITAL MED. BLG., CUMBERLAND, MD 21502										
	NUV 2 1992 Sembles Karlell										



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

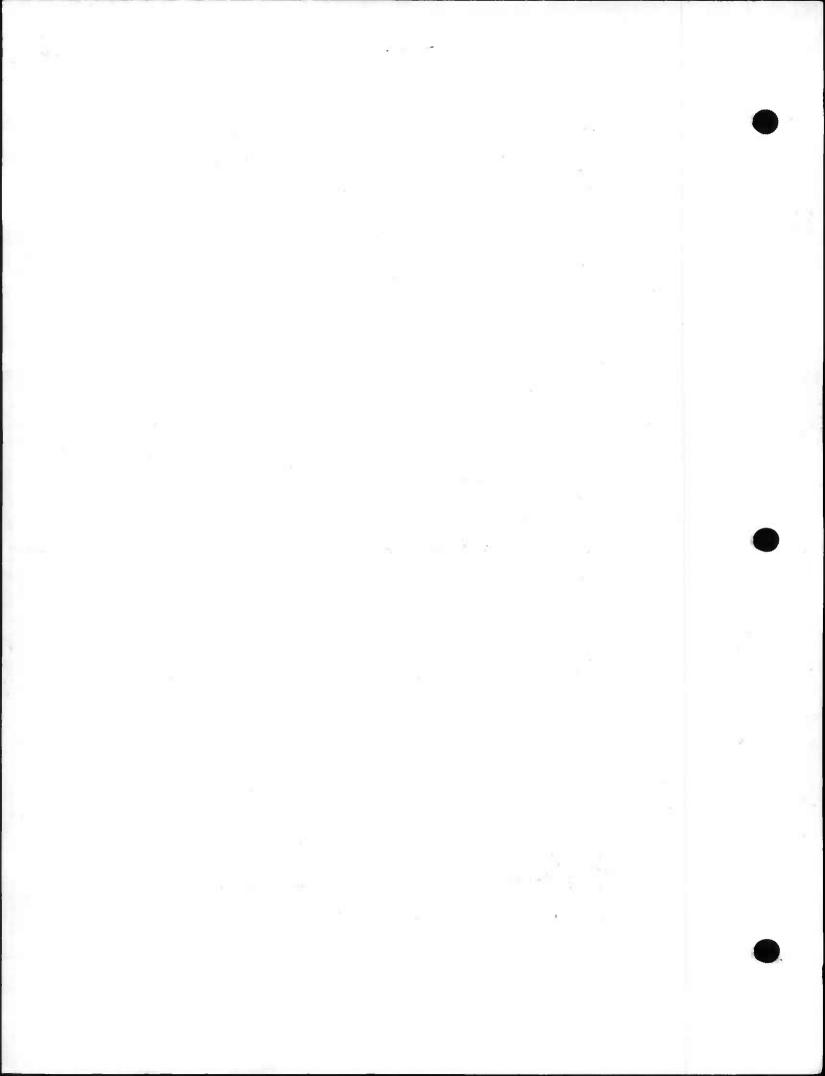
	1 - STATE REGISTRAR		FICATE OF		REG. NO						
- 7	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
- 16	MARTHA JANE BURDETTE					<sup>AY</sup> 199	AR 4 3:25 P M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign				
- 1	213-24-6659 1□M2KPF	74 YRS.	MONTHS DAYS	HOURS MIN.	MAR. 16,		Country) [ARYLAND				
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY					
œ	RT. 7 BOX 1540										
읝	RT. / BOX 1540 OAKLAND GARRETT										
DIRECTOR	10e. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY				
ä	MARYLAND GARRETT		OAKLANI	)			1 YES 2 K NO				
7	10e. STREET AND NUMBER		10	. ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	RT. 7 BOX 1540			21550		11	SA				
5	11. MARITAL STATUS 12. WAS DECEDENT B	VER IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye		RACE — American Indian.				
	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR		II yes, sp		n, Puarto Ricen, etc.)		Black, White, etc.				
B	3 Wildowed 4 Divorced		""	2 gg NO Specify	,.		Specify: WHITE				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	S USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUST					
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use refired.)											
린	12	OFFICE	WORKER		RETA	AIL SAL	ES				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meider	Sumame)					
BE	PARKER JACKSON DeWITT			MARY	LOUISE	LYTLE					
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILH	IG ADDRESS (Street	and Number or Rural F	Route Number, City or Tov	n, State, Zip Cod	(e)				
2	WILLIAM R. BURDETTE	RT.	7 BOX 15	640 OA	KLAND, MAI	RYLAND	21550				
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State	20b. PLACE AND DAT			DATE 20c. LC	CATION City	or Town, State				
	4 Donation 5 Other (Specify)	GARRETT N	EMORIAL	GARDENS	11/15 0	AKLAND.	MARYLAND				
	21. SIGNATURE OF TIMERIAL SERVICE LICENSEE			ND ADDRESS OF FAC	CILITY						
	Not X VI XII wast	L- 100167				O. BOX					
	22 BADT I Seter the diseases or complications that	M00167					MD. 21550				
	<ol> <li>PART I. Enter the diseases, or complications that c ehock, or heart failure. List only one cause</li> </ol>	on each line.	not enter the mo	de of dyling, eucl	h aa cerdlec or resp	Iratory arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition						Onset end Death				
	resulting in deeth) e. Paricre	eas carcin					12 months				
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
FA	If any, leeding to immediate cause. Enter UNDERLYING	TAS A CONSCOULACE	OF).								
윤	CAUSE (Disease or injury that initiated events DUE TO (O	R AS A CONSEQUENCE	OF):								
E	reaulting in deeth) LAST						1				
E	d										
	PART II. Other eignificant conditione contributing to de	ath but not resulting	In the underlyin	g ceuee given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS				
5					1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
빌						. A	OF DEATH?  1 ☐ YES 2 ☐ NO				
-											
¥	25. WAS CASE REFERRED TO MEDICAL		28. P	ACE OF DEATH (Che	eck only one)						
Sic	EXAMINER? HOSPITAL:  1 ☐ YES 2 X NO 1 ☐ Inputient 2 ☐ E	R/Outpatient 3 DOA	OTHER:	e 5 X Residence	8 Other (Specific)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28e. DATE OF IN.	JURY 28b. T	ME OF 28c. IN.	URY AT	28d. DESCRIBE HOW	NJURY OCCURE	D				
ВУР	1 X Natural 5 Pending (Month, Day,	Year) I		YES 2 ND							
	3 Suicida a Could and 28s. PLACE OF II	NJURY — At home, farm	, street, factory, offic		28t. LOCATION (Street	and Number or R	Tural Route Number,				
Ĕ	4 Homicide determined building, etc	. (Specify)			City or Town, State						
COMPLETED	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my	Innertial and distance	NU SACA SA	540.000		Siver I siv					
₽ B	(Check only one)  2 MEDICAL EXAMINER: On the besis of exam	ination and/or investiga	lon in my pointer	end piece, end due	to the ceuse(s) end me	nner as stated.					
8			mon, in my opinion, t			id due to the ce	use(s) end menner es stated.				
H	296. SIGNATURE AND TITLE OF CHITALER			290 LICENSE NUM	1	29d. DATE SIG	NED (Month, Day, Year)				
<u>و</u>	20 NAME AND ADDRESS OF THE PARTY OF THE PART			17	3,27	101	1197				
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE				0.11		550				
- 4	Thomas G. Johnson, M.D.	311 Nor	in Fourth	Street,	Oakland,	MD 21.	550				
- 11	OF DATE EN ED 44-44 C										
8	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE SULLANDE	7								

A ALTERNATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8

DHMH-16 Ray 1/89



REG. NO.

lied in by the medical

0

and completely to burial, crematic

prior to t

the attending physician Mental Hygiene prior to

Health and

this certificate h

DIRECTOR: After the hours after death vitem 28 is mari

TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II

has been s Dept. of H n 23 show

executed wil

te

notified

Pe

must

examiner

the

event,

traumatic

other t

0

any

Shows

6

marked,

tem

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 OFCEDENT'S NAME /First Middle I not) 2. DATE OF DEATH 3. TIME OF DEATH AZNIVE NMN BACOULA 1994 Nov. 7:05 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Foreign DAYS HOUSE 1 M 2 W F 344-70-3003 Dec. 15. 920 Turkey 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8617 Discovery Blvd. Walkersville Frederick RESIDENCE OF DECEDENT 10e, STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Frederick 1 YES 2 NO Frederick FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5822 Rosebay Court 21701 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mehran Sahakian Louise Kouyoumdji BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jeanne E. Teclaw 8617 Discovery Blvd. Walkersville, MD 21793 20a. METHOD OF DISPOSITION
Surfel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Glade Cemetery 11/4/94 | Walkersville, Maryland 22. NAME AND ADDRESS OF FACILITYS tauffer Funeral Homes, P.A 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 1621 Opossumtown Pike Frederick, MD 21702 23. PART I. Inter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ancreatic ancer 6mmm ms resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF). resulting in dasth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE michael P41619 erner November 3, 1994 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Michael Lerner 15 East Frederick Street Walkersville, MD 21793 32. REGISTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year) NOV 0 4 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL DR ATTENDING PHYSICIAN: The law

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CI	ERTIFI	CATE O	F DEATH	RE	G. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OR	EATH	NE A D	3. TIME OF OEATH		
	Marshall	R. E	aker			Novemb	eri	0,1994	2:30 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIF	RTH	8 BIRT	HPI ACE (State or Foreign		
i	214-03-9257 INM2 OF	83	YRS.	MONTHS DAY	HOURS MIN.	Feb. 26	1917	l Pe	nnsylvania		
	9e. FACILITY NAME (If not institution, give street and number)			9h CITY TOW	N OR LOCATION OF D	1		c. COUNTY OF			
Œ	26025 Prescott Road		ı		rksburg		1				
6	RESIDENCE OF DECEDENT			OTS	r.kanar.g			Monre	omery		
DIRECTOR	10e, STATE 10b, COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY		
5	Maryland Montgomery			Cla	rksburg				LIMITS?		
_	10e. STREET AND NUMBER			10f. ZIP CODE		Ι.,	On CITIZEN OF	WHAT COUNTRY?			
2	26025 Prescott Road			20871		"		S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEOENT	EVED IN ILE AS	MED								
립	1 Never Married 2 Merried FORCES? 1	X YES 2 1		If yee,	ECENDENT OF HISPA specify Cuben, Mexico	en, Puerto Ricen,	etc.)	No— 14. RAC	CE — Americen Indian, ck, White, etc.		
3 1 Wildowed 4 Divorced W.W. II Specify: White									City:		
	15. DECEDENT'S EDUCATION		CEDENT'S	USUAL OCCUP	TION	det KIND	OF BUODIE	ESS/INDUSTRY	MILL DE		
Ë I	(Specify only highest grade completed)	(G	ive kind of w	ork done during	most of working	160. KIND	OF BUSINE	199/INDUSTRY			
٦	Elementary/Secondery (0-12) College (1-4 or 5 +)			lder		Con	Legan	Constr	nation		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Luci	1				GC CTO!!		
ၓ၂	Issac Baker				The state of the second	ME (First, Middle,		neme)			
BE						abel Rh					
၀	19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural						
	Joan M. Taylor	AT05	Sandra	Ct., Ran	dallsto	wn, l	1d. 211	.33			
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Removal from State	20b. PLACE	AND DATE O	F DISPOSITION	(Name of	OATE	20c. LOCAT	TION — City or T	fown, Stata		
	4 Donation 5 Other (Specify)	Col	esvil	le Met	hodist 11	/17/94	Co	olesvil	le, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0		22. NAME	n L. Mole	CRITY					
	Whi I Molen	- The	N.		Ol Ridge				20872		
	23. PART I. Enter the diseases, or complications that	caused the de	eth. Do n	ot enter the	node of dying suc	h as cardiac o	r manirate	OFF arrest	Approximata		
- 1	shock, or heart failure. List only one caus	e on each line	b.		,,,,,,,	.,	·····	ory arroad,	intarvai Batween		
- 1	immediate cause (Finel disease or condition resulting in death)  a. ALTERIO SCURCOTIC CARDIO VASCULAR DISEASE  OUE TO (OR AS A CONSEQUENCE OF):  b. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
ŀ	resulting in dasth) a. 1910 (910	107CME	VIIC	(A/C	210 0950	ulka	USE.	150	1000		
_	002 10 (	ON AS A CONSE	OUENCE OF	. /		1'0	60				
RTIFICATION	Sequentially list conditions,	OR AS A CONSE	C (	Lune	e Cong Es	TIVE 1	MEAR	7			
<b>E</b>	If any, laading to immediata cause. Enter UNDERLYING	on no n conce	OULHOL OF	,.		Lula					
윤	CAUSE (Disease or injury	OR AS A CONSE	OUENCE OF	).		facilie	u				
Ē	resulting in death) LAST		0021102 01	,.		/			j		
ij l	d										
CAL	PART II. Other aignificant conditions contributing to o	leath but not i	rasuiting li	the underly	ing cauaa givan in	Part I. 24e. 1	WAS AN AUT		b. WERE AUTOPSY FINDINGS		
<u> </u>							PERFORME YES 2 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI						_   ' '	TES Z	710	OF DEATH?		
						_			1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	nack only nant					
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpatient 2	EB/Outpetlant 2	. □ aoa	OTHER:							
PHY	27. MANNER OF OEATH 28s. OATE OF I		28b. TIME		ome 5 PResidence	8 U Other (Spec		Imy occurren			
- 4	1 Netural 5 Pending (Month, Day		INJU	JRY	WORK?	200. DESCRIBE	: now inju	HT OCCURED			
à	2 Accident Investigation 1 YES 2 NO										
3	3 Suicide 8 Could not be 4 Homicide determined	tc. (Specify)	one, tarn, a	reet, tactory, o	TICA	City or Town	(Street and n, State)	Number or Rural	Route Number,		
COMPLETE						L					
뢰	29m. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of n										
Š	one) 2 MEDICAL EXAMINER: On the basis of axi	mination end/or	Investigation	, In my opinio	, death occured at the	tima, date end p	lace, end de	us to the cause(	(e) end manner as stated.		
- 11	296. SIGNATURE AND TITLE OF CERTIFIER			1 -	29c. LICENSE NU	MBER	25	9d. DATE SIGNE	D (Month, Day, Year)		
BE	Cere, 1. mil		/	M.D.	010	587		· 11/	14/94		
2	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUS	OF DEATH (ITE	M 27) (Type,	Print)				- /-	- 1 - 1		
	George I. Smith. Jr.,	M.D.	300		th St., Fr	rederick	k, Md	. 2170	L		
i	31. OATE FILED (Month, Day, Year) 32. REGISTRAN	'S SIGNATURE	Museum				,				
	31. OATE FILED (Month, Day, Year) NOV 1 6 1994	aucher R	roballi								
السب			<b>+</b> 1								

44.19 9.1 

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/12/94 t.t

	1 - STATE REGISTRAR	STATE OF IV		CERTIF					MENTA	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATN			3. TIME OF DEATN	
	Christopher	Michael		Crawford					MON	тн в ov 12		994	2230	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	I YEAR	IF UNDER		7. DATI	E OF BIRTN oth, Day, Year)		6. BIRTN	IPLACE (State or Fore	i/gn
		1 X M 2 🗆 F		YRS.	MONTHS	24	HOURS	MIH.		t. 19 1	.994	Ma	m ryland	
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY	, TOWN C	R LOCATI	ON OF DE				NTY OF D			
OR	University Hospital Baltimore										Bal	timo	re	
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	140.00	Y, TOWN (			71								
DIRECTOR		ington			illi								10d. INSIDE CITY	
		10e. STREET AND NUMBER											1 YES 2 N	10
RA	15939 Dorsey Roa	a d				101	ZIP CODI	795				.S.A	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	ARMED	12	Wile DEC			ar one	IN? (Specify Yes			-			
	1 🔀 Never Married 2 🗌 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO		If yea, spe	cify Cuba	n, Mexice	n, Puarto	Rican, atc.)	01 NO -		E — Americen Indian k, White, etc.	,
B≺	3 Widowed 4 Divorced	ir res, dive w	AN ON DATES			I 🗌 TES	2 [X NO	Specin	y:			Speci	// /hite	
E	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S				207	16	b. KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondery (0-12)	College (1-4 or 5 +	)	life. Do NOT u	se retired.)	daining mo.	or working	.9						
MP														
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	,								Middle, Malden	Sumame)			
BE	Irvin M. Crawfor	:d	т-					у Со						
2	19m. INFORMANT'S NAME (Type/Print)  Irvin M. Crawfor									nber, City or Tow			1705	
	20 METNOD OF DISPOSITION	ď						d W		Lampsor				
	1 🗷 Burial 2 🗆 Cremation 3 🗆 Rem	noval from Stata	cegnetecy.	crematory or o	ther place)	SITION (Na	me of	a se 1 c 1	1 DA	7-94 H	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ceda	II Law			D ADDRE							
	· Satt	22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate												
TION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. HEAD INJURIES  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  c. Due to (or as a consequence of):  d													
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	e contributing to	deeth but no	t resulting	In the ur	nderiying	cause	given in	Pert i.	24a. WAS AN PERFOR	RMED?	246.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 VES 2 NO	USE
2	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	EATH YE	S 🔲 I	NO [	UNC	ERTAI	V 🗆				76	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DEA										
2	TX YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nur		5 🗆 Re	sidenca	8 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIM	E OF	28c. INJI WO			28d. DE	SCRIBE NOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	11/9/94		5:30	P M	1 🗌 Y	0.4	](NO		ANT SHAK				
	3 Suicida 8 Could not be determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, ferm,	street, fect	lory, office			28t. LO	CATION (Street a or Town, State)	15939	DORSE	Poute Number,	
				HOME			_			IAMSPORT				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ax											i) end manner as sta	ted.
	29b. MGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUN	IBER	- AW	29d DAT	E SIGNED	(Month, Day, Year)	
BE	Nonald AL	Unight	MD								<b>.</b>	_		1
2	30. NAME AND ADDRESS OF PERSON WIN	IO COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type	Print)			).C.	l∧ P			lov.	13 199	4
	DONALD G. WRIG	HT MD	)	111 1	Dann	C+	ront	- D	≀ລາ∔	imoro	W-	T	and 212	0 1
	31. DATE FILED YMPOTY DIV. 148) 1994			No. of Line	EIII	_31.	LEE		וייםיו	тшоте	Mic	TAT	and 717	U.I.

int. Pages 1, 2, 3 should

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

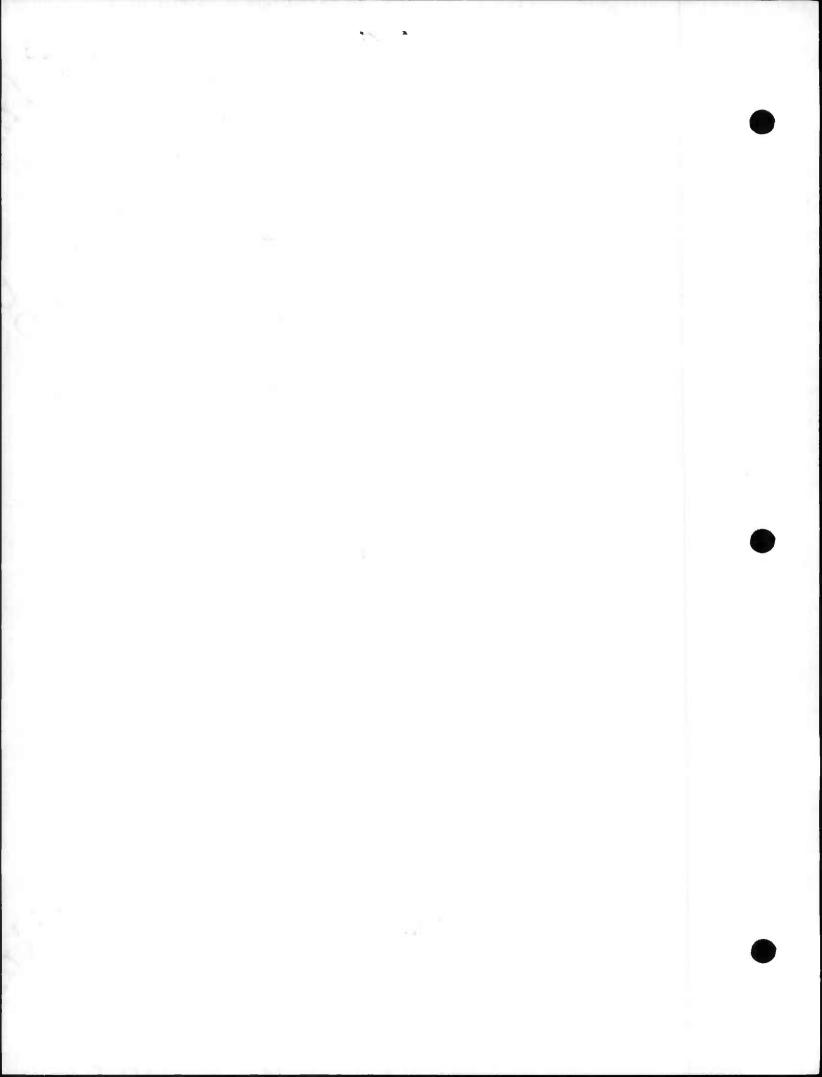
10		S Sh
Z		permit Pages 1, 2,
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physicien.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transminerant 2.3 should be detached for use as the burial-transminerant and the contract of the co
00	with	pletely fi

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	WE 1.5	3. TIME OF DEATH			
	JOSEPH	HUGH CARR	ICK, SR.			November 1,	1994	1:55 P M			
	4. SOCIAL SECURITY NUMBER		M	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)			
	216-16-3293  9a. FACILITY NAME (If not institution, give st		O YRS.		PR LOCATION OF D	April 25,192		ryland			
DIRECTOR	8134 Bradshaw Rd	•	haw		Balt	imore					
EC.	10a. STATE 10b. COUNTY	,	10c. CITY,	OWN OR LOCAT	ION	-		10d. INSIDE CITY			
	Maryland	Baltimore		Bradsha	W		1 YES 2				
FUNERAL	10e. STREET AND NUMBER	1		101	ZIP COOE	100	10g. CITIZEN OF WHAT COUNTRY?				
N.	8134 Bradshaw R	CL .  12. WAS DECEDENT EVER IN	IIIS ADMED	12 WHO OEC	2102	NIC ORIGIN? (Specify Yea or No		SA			
BY FL	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DI WWII	If yes, sp		an, Puerto Rican, etc.)	No— 14. RACE — American Indien, Black, White, atc.  Specify: White					
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEOENT'S US			16b. KIND OF BUSINESS	S/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life, Do NOT use r	t done dunng mo etired.)	st or working						
MP	10 17. FATHER'S NAME (First, Middle, Last)		Wareho	useman				cturing			
S I	Joseph Hugh Ca	rrick				Me (First, Middle, Melden Surne) Marie Adam	,				
ω	19a. INFORMANT'S NAME (Type/Print)	LLICK	19b. MAILING AT	ODRESS (Street a		Route Number, City or Town, State					
2	Marjorie W. Carrick 8134 Bradshaw Rd., Bradshaw, Md. 21021										
	20b. PLACE AND DATE OF DISPOSITION  1 Burtel 2 X Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DATE OF COLOR TOWN, State  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place)  20b. PLACE AND DATE OF DATE										
	21. SIGNATURE OF FUNERAL SERVICE LIC										
	* Steply	1 Murch		Howar	d K. Mc( Cokeshu	Comas III Fun cy Rd., Abing	eral H	Home, P.A.			
	23. PART I Entay the diseases, or complications traveled the death. Do not enter the mode of dying, such as cardiac or respiratory srreat, shock, Dr heart failure. List only Dne cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (op/AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	a contributing to death b	ut not resulting in	tha underlying	g cause given in	Part i. 24s. WAS AN AUTO PERFORMED?	PSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL						1   YES 2   N	0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (C)	neck only one)					
SIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp		THER:	a 5 🗆 Realdence	6 Other (Specify)					
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED						to the cause(a) end menner as time, date and place, and due		(a) and menner as stated			
BE	296. SIGNATURE AND TITLE OF CENTIFIER				29c. NCENSE NU			D (Manth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	777	Sola.	n DIE	1/0	the Cal			
	31. DATE FILED (Month Day 1687)	32 REGISTRAN S SIGN	Mirkall	J 4.		100	wu	,,,,,,			
		Ψ.									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 6876

DHMH-16 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poetian with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DEG NO.

	1120.011.011			/	ICALL	. 01	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		endrick					MO	TE OF DEATH	ν <u>γ</u>	YEAR.	TIME OF DEA	TH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I					1		/	94	0950	М
	217-36-0387	5. SEA [X[X] M 2 ☐ F	80	YRS.	IF UNDER	DAYS	HOURS MIN	Tan	nth, Day, Year)	14	Country) Washin	CE (State or F	
	9s. FACILITY NAME (If not institution, give si	reet and number)			9b, CITY.	TOWN C	OR LOCATION OF		21, 17		INTY OF DEAT		р.с.
œ l	Dorchester Genera	al Hospit	al		,		ambridg			-	orches		
DIRECTOR	RESIDENCE OF DECEDENT										or enes		
Ä	Money 1 and Description		Y, TOWN O		TON				100	I. INSIDE CIT	Υ		
	Maryland Dore		inkwo	bod					1[	YES XX	NO NO		
FUNERAL	3655 Karen Circle			10f. ZIP CODE				-	10g. CITIZEN OF WHA				
핃	11. MARITAL STATUS			21835							US		
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 19 IF YES, GIVE W	YES 2					ican, Puerl	n, Puerlo Rican, etc.) Black, W				llen,
В	3 Wildowed 4 Divorced		1	_ YES	X X NO Spe	city:			Specify:	White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	1940 to	18a. C	DECEDENT'S	USUAL OC	CUPATIO	ON	1	66. KIND OF BUS	SINESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	(Give kind of vite. Do NOT us	work done di se retired.)	unng mo	st or working								
MP					eer_				Heavy E	quip	ment M	ainter	nance
00	17. FATHER'S NAME (First, Middle, Last)							,	t, Middle, Maiden	Surname)			
BE		rnette							Burke				
0	Marcanat Millor								mber, City or Town			. 1 22	167
	Margaret Miller 7209 Pine Park Drive West Lakeworth, Flor:										+07		
	20a. METHOO OF DISPOSITION 1 V Burlsi 2 Cremellon 3 Removel from State 4 Donetton 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of camellery, crematory or other place).  Arlington National Cem. 11/9 Arlington, Vir												
	21. SIGNATURE FUNERAL SERVICE LIC	EASEE	-   MIII	ngton			ID ADDRESS OF		/9 ALT	Tilgr	OII, VI	гатитя	1
Ì	Thomas Funeral Home 700 Locust Street Cambridge, Mar												
$\dashv$	23. PARI . Enter the diseeses, or c	omplications that	t caused the	teeth Do r		O L	ocust S	tree	<u>Cambr</u>	idge	. Mary		
	Shock, or haert failure.	Liet only one cau	se on each lir	16.	ot alltor	tile illo	de or dying, s	dell'sa c	storec or reepi	ratory ar	real,	Approxim	Between
	disease or condition Pneumonia										Onset an	d Dasth	
	resulting in death)  S.     COCC     CO									マ ル	Cyn		
z	Companied to the search to the												
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate  CHUE Fotor (INDEDITION												
2	CAUSE (Disesse or injury												
Ë	thet initiated events resulting in deeth) LAST	DOE TO	(OR AS A CONS	EOUENCE DI	r):								- 1
CE		d											
	PART ii. Other significent condition	a contributing to	deeth but not	resulting	in the und	derlying	g cause givan	in Part i.	24s. WAS AN PERFOR			RE AUTOPSY F	
EDICAL									1 TYES 2		CO	MPLETION OF DEATH?	
Σ												YES 2 K	NO
PHYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CA		_			L UNCERTA	NIN 🗆				·	
i C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEAT	OTHER	:							
HYS	1 YES 2 2 NO	1 Name of the last		3 DOA 28b. TIM		ing Hom 28c. INJ	e 5 🗆 Rasideno	_					
	1 Natural 5 Pending	(Month, De		INJ	URY	WO	RK? /ES 2 NO	28d. U	EŞCRIBE HOW II	AJURY OC	CURED		ı
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At I	nome, ferm, a	street, facto		117	28f. L0	CATION (Street a	nd Numbe	r or Rural Route	Number	
Ĕ	4 Homicide determined	building,	stc. (Specify)					C	ty or Town, State)				ŀ
片	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	desth occurre	ed at the tir	ne, date	and place, and d	lun to the c	ause(s) and man	ner an ele	ted		
COMPLETED	one) 2 MEDICAL EXAMINE											d manner aa i	ntated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	06.0404				1	29c. LICENSE N				E SIGNEO (Md		
BE	William	1501.					0.1-	238	7	<b>&gt;</b>	11 9	94	
일	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUS					- E				1	-	-
	William Bair		19 Fra	ankli:	n Str	eet	Camb	ridg	e, MD	2161	3		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1.11									$\neg \neg$
- 10	NOV 0 9 1994	YELLIA SURU	WEST TUTO	NUMBER OF THE PERSON									

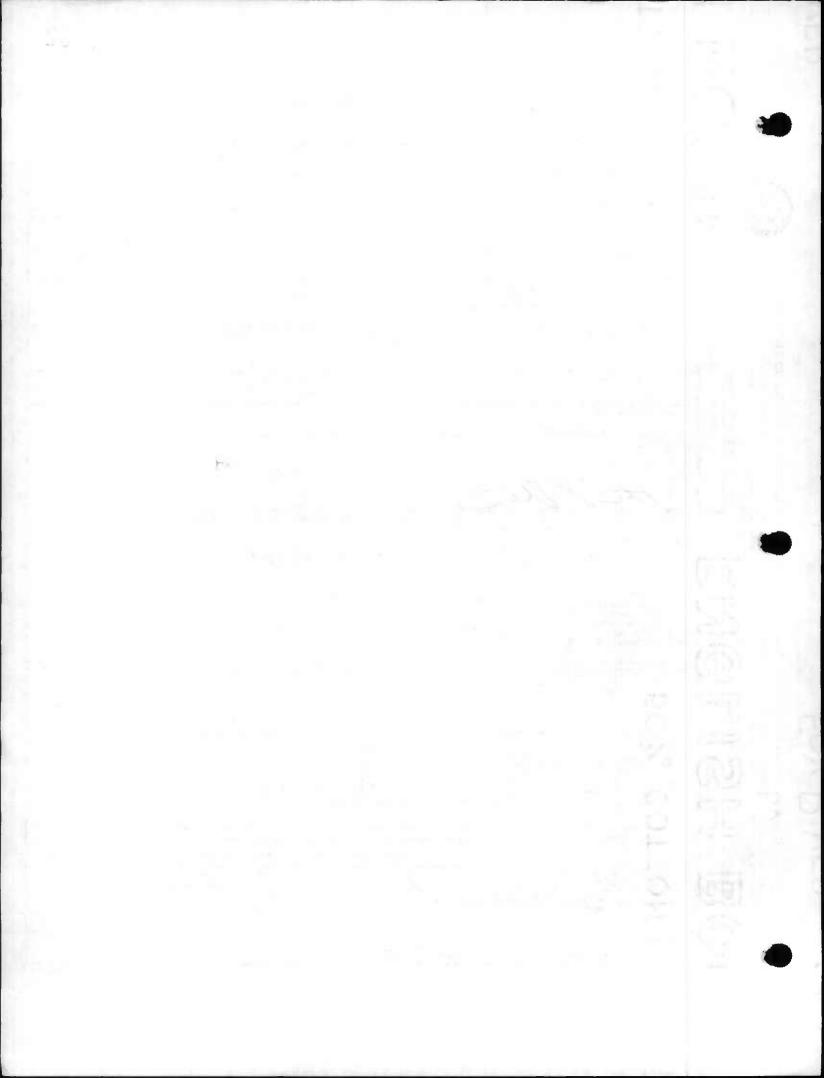
ā	ā		
5	he		
ğ	S		
ē	44		
E S	Se		
ਠੱ	=		
77	2		
ā	8		
8	ਓ		
E C	ata		
Ē	ō		
3	28		
5	20		•
ě	3		2
2	S		
9	5		
8	9		
>	ğ		
Ë	-		•
9	5		
8	9		
ğ	ö		
-	100		
5	9		
8	2		
-	he	9	
Ĕ	-	6	ĺ
ro Co	5	PET	1
5	=	_	
8	8	0	
а	量	5	١
-	2	台	1
Ē	95	E	
₹	출	2	
Ö	5		
5	ö	2	
ě	2	る	1
8	-	2	
8	ig	50	
9	S.	Ē	
20	Ē	9	
Ħ	-	en en	4
ě	Ē	8	
-	5	I	
at	豊	夏	
ŏ	40	ē	
9	5	2	4
-	3	2	ľ
핕	70	6	
S	ē	훂	
9	Sign	eg	
콩	=	-	
ě	9	0	٠
3	9	8	
-	38	ది	1
he	63	e	
	Sat	ta	
ş	ifi	60	
3	E.	Ĕ	
3	0	5	
Ŧ	ř	至	
NG PHYSICIAN: The law requires that the death certificate be executed writing a price death. Page 6 may be retained by the hospital or attending pi	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	5	
ž	e	aat	

	FOR	STATE OF A	MARYLAND /	DEPAR	RTMENT	T OF H	FAITH	AND B	MENTAL	HYGIEN	F			
	1 - STATE REGISTRAR	OINIE OF I		ERTIF					WEN INL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	DATE OF DEATH SATURDAY YEAR 3. TIME OF DEATH				
	Betty Jean W. Co	unce11							Oct.			94	1:30 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (	OF BIRTN Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign	
	218-16-8389	1 M 2 KF	70	YRS.	WONTHS	DAYS	HOUNS	merre.		14,	1924		yland	
	9e. FACILITY NAME (If not Institution, give str		9b. CITY	r, TOWN C	R LOCATIO	ON OF DE	ATN		9c. COUN	TY OF DEA	TN			
R	P.O. Box 142		_	Go.	ldsbo	oro			Car	oline	2			
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100 00	Y, TOWN	OR LOCAT	1011						Od. INSIDE CITY		
E		1.4		1									LIMITS?	
	Maryland Caro	line			Gold:		ZIP CODI				I ton CITI		YES 25 NO	
FUNERAL	Market St. Comment					101					10g. CI18			
y	P.O. Box 142		1.0		216					U.S.				
요	1 Never Married 2 Merried		YES 2	NO		If yes, sp	ecity Cube	n, Mexica	n, Puerto F	? (Specify Yea lican, etc.)	or No-		- American Indian, White, etc.	
A	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			1 TYES	2)CXNO	Specify	/:			Specify:	White	
	15. DECEDENT'S EDUC	ATION	16a, DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BU	SINESS/IND	USTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	) (G	live kind of Do NOT u	work done ise retired.)	during mo	st of worldr	ng						
7	11-grad	001111111111111111111111111111111111111		mema	ker					n/	а			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, A	Aiddle, Maiden				
	Louis Walls						E1:	izabe	eth E	locks	ton W	lalls		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street e				er, City or Tow				
임	William S. Counc	e11			P.O.	Box	142	Go1	dsbor	o, Ma	rv1ar	nd 2	1636	
	20e. METNOD OF DISPOSITION		20b. PLACE	E AND DAT	E OF DISE	POSITION			DAT			City or Tow		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	of cemetary	ring	y or other Hil	p <sub>lace)</sub> L Cei	netei	cv	10/	A E	aston	. Mai	yland .	
	21. SIGNATURE OF FUNERAL SEIGNICH LIC	ENSER					ND ADDRE		CILITY				,	
	Fleegle-Helfenbein Funeral Home 106 Sunset Ave Greensboro, MD 216													
	On DARY I February discussion and	am all antiques the		and Da										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between													
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A L2H5IMBNS DISEASE / 0											Onset and Death		
	resulting in desth)	/	L2176	7 11	IBI	177	-	130		16			109	
	DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
FA	if any, leading to immediate cause. Enter UNDERLYING		(en no n oonida		·· ).									
은	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE	OF):								-	
E	resulting in death) LAST													
핑														
	PART II. Other aignificant condition	a contributing to	death but not	reaulting	in the u	nderlyin	g cause	given in	Part i.	24a, WAS AP			WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Majnuti	tron								1 TYES	2 PNO		COMPLETION OF CAUSE OF DEATH?	
ME													YES 2 NO	
÷														
M	25. WAS CASE REFERRED TO MEDICAL						LACE OF E	DEATH (Ch	eck only or	10)				
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu	R: Irsing Hon	10 5/00 R	esidence	6 🗆 Othe	r (Specify)				
Ή	27. MANNER OF DEATH	26e. DATE O	F INJURY Day, Year)	26b. TI	ME OF		JURY AT		28d. DES	CRIBE NOW	INJURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(morning)	July, Towny		M		YES 2 [	□ NO						
100	3 Suicide 6 Could not be	26a, PLACE	OF INJURY — At h	ome, farm	street, fe	ctory, offic	:0			ATION (Street or Town, State		r or Rural Ro	ute Number,	
TE	4 Homicide determined		1-1-2-11							n oute	,			
2	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, d	Seath occu	rred at the	time, date	end place	e, end due	to the car	use(a) end me	nner ee sta	ted.		
COMPLETED	one) 2 MEDICAL EXAMINE												and manner ee stated.	
	206. SIGNATURE AND SITUE OF CERTIFIE	10	190	. 0	-	-	29c. LJC	ENSE NU	MBER	- 1	29d. DAT	E SIGNED	Month, Day, Yeld	
BE	(UNIVIII)	12		10			I	) 3	J 2	94	•	101	21/96	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Tvr	e. Print)-				/-	-	4		7 1	

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

31. DATE FILED (Morith, Day, Year)

OCT 24 94



	١
	ı
	1
0	3
9	
_	
8	
Ψ	
×	
0	
, P.O. BOX 68760	
	1
0	ì
~	
Д.	
-0	
97	
ш	
Œ	ľ
0	
Ö	
<u></u>	•
~	
4	
_	
<b>d</b>	
-	į
_	:
>	
ш	3
$\overline{}$	3
OF VITAL RECORDS,	i
Z	(
	1
$\preceq$	1
S	-
IVISION	THE RESIDENCE OF THE PERSON OF
2	ì
_	ì

	æ	
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, filed within 72 hours after death with the State Deot, of Health and Mental Michele brior to bunial, cremation, or removal.	PORTANT if item 28 is marked or item 23 shows any injury or other traumatic event the motival evantines must be marked as access

	1 - FOR STATE OF MARYI	LAND / DEPARTI CERTIFIC			MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)	-olling			2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
	578-76-783/1×1120F	38 YRS. MC	DAYS D. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 9-27-56 Wa			nington, DC
HOI.	JOHNS HOPKINS BAYUEW MEDICAL RESIDENCE OF DECEDENT	CENTER V	BALT.	eity		BAU	r, en	ry
DIRECTOR	D. C.		own on Local				- 1	IOd. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	10s. STREET AND NUMBER		10	. ZIP CODE				AT COUNTRY?
NE I	5527 2nd Street, N. W.  11. MARITAL STATUS  12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	2001 ENDENT OF HISPAN				States - American Indian,
Ŕ	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR I	DATES XNO	If yes, sp	ecify Cuban, Mexica 2 NO Specify	n, Puarto Rican, ale		Black, Specify:	While, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  1.2	16s. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo	st of working	16b. KIND O	F BUSINESS/IND	USTRY	- 1
2	17. FATHER'S NAME (First, Middle, Last)	TATITOC	Trainee 1		ME (First, Middle, M	aiden Sumame)		
מני	William R. Collins			Ro	osa B. B	yrd		
2	19a. INFORMANT'S NAME (Type/Print)  Marquita Martin			nd Number or Rural F				0011
		b. PLACE AND DATE OF I	DISPOSITION (Na	me of	DATE 20	c. LOCATION —	City or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Darmony	22. NAME AI	D ADDRESS OF FA	CILITY	Landove		
į	· R M. Horton			N. Hortor Kenendy			s, Ir	nc.
	23. PART I. Enter the diseases, or complications that cause abock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	ad the death. Do not each line.  Ved Image: A CONSEQUENCE OF):		4		reapiratory arr	eat,	Approximate interval Between Onaet and Death
CALION	Sequentially list conditions b.	A CONSEQUENCE OF):						
A SILL	cause. Enter UNDERLYING CAUSE (Disease pr injury	A CONSEQUENCE OF):	EOUENCE OF):					
5	d							-
MEDICAL	PART II. Other algnificant conditions contributing to death	but not reaulting in t	the underlying	cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE (	OF DEATH YES		UNCERTAIN	- I	,	1	YES 2 NO
SICIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (	(Check only one)					
2	1 YES 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF DEATH 28e. DATE OF INJURY		☐ Nursing Hom	e 5 Residence			1000	
	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	y W0	RK? 'ES 2 NO	28d. DESCRIBE H	OW INJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	Y — Al home, term, atre- ecity)	et, fectory, offic		281. LOCATION (S City or Town,	treet and Number Stete)	or Rural Rou	ste Number,
COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the basis of axamination							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1.D.	29c. LICENSE NUM D 527			29d. DATE	SIGNED (A	Month, Day, Yeer)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)			,		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	SATURE SANGE						
								DHMH 16 Day 1/00

49		
8	a	
B	a	
2	38	
벩	u.	
ы	ν.	
g	3	
_		
S		
댦		
Ş		
ė		
Ξ		
ಶ		
g)		
s		
S		
c		
8		
S		
×		
2		
g		
ž		
ಜ		
e		
0		
9		
-		١
¥		ľ
ಠ		4
S		1
0		
ŏ		
ä		
		•
2		
8		
≣		
9		
ē		ļ,
ė		
5		
ina.		
2	100	ı,
7	OF.	ſ
5	65	
5	=	ı
3	ö	
š		۱
Ė	8	
>	ä	1
25	Ë	
10	0	ĺ
₽	ö	ď
5	=	- 44
ű	Da.	ļ
2	20	
9	-	ï
=	r to	
Ö	-	

0,	
876	
9 X	
_	
<u>P</u>	
တ်	
2	
0	
S, P.O. BOX 6876	
1	
TA	
>	
Ö	
Z	
S	
$\leq$	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ND 21215-0020	,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	nospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furleral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ched for use as the burial-transit	7
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.	 eš	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	REUEL	STANLEY	CA	RPENTER	}		3, 1994	10:30 A M		
		The state of the s		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (Stata or Foreign		
	214 05 9475 1 9e. FACILITY NAME (if not institution, give street	X M 2 □ F 89	YRS.	DAYS DAYS	HOURS MIN.	9/04/0		PA		
DIRECTOR	SACRED HEART HOSP	ITAL		CUMBER				EGANY		
REC	10e. STATE 10b. COUNTY		t0c. CITY, T	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	PA BED  100. STREET AND NUMBER	FORD	H	YNDMAN	ZIP CODE		<u> </u>	1 YES XXNO		
FUNERAL	R. D. 1, BOX	600		1	15545		USA	VHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	<b>0</b> 40	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No— 14. RACE Black Speci	— American Indien, k, White, etc.		
ED	15. DECEDENT'S EDUCAT (Specify only highest grade con	TON 16a	DECEDENT'S US	SUAL OCCUPATIO	N st of wedding	16b. KIND OF BL	SINESS/INDUSTRY	WILLE		
COMPLET		College (1-4 or 5+)	Me. Do NOT use n	retired.)	a or working	SMALL	ENGINE	REPAIR		
	17. FATHER'S NAME (First, Middle, Last) VIRGIL W.	CARPENTER			16. MOTHER'S NA	ME (First, Middle, Melder BELL		FER		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street ar	nd Number or Rural I	Route Number, City or Tox	vn, State, Zip Code)			
5	VERNA E. CARPE	NTER	R. D.	1, BO	X 600,	HYNDMAN	, PA 15	5545		
	20e. METHOD OF DISPOSITION 1	I from State 20b. PLA cemetery	CEANDDATEOFIC Crematory or other DLEY CI	DISPOSITION (Nat	me of <b>Y 11/6</b>	1-	CATION — City or To	wn, State PA		
	21. SIGNATURE OF FUNERAL SERVICE SICES			HARV	D ADDRESS OF FA	ZEIGLER	FUNERAL			
	23. PART I. Enter the diseases, or con-	nplications that caused the	death. Do not	enter the mod	de of dying, suci	h as cardiac or resp	olratory arreat,	Approximata		
	shock, or heart failure. List IMMEDIATE CAUSE (Final	i only one cause on each	line.		1			Interval Between Onset and Death		
	disease or condition resulting in death)	Heute R	2 Sura	tow	Taile	ne		50		
	Charles of the Control of the Contro	DUE TO (OR AS A CON	ISEQUENCE OF):	1	1			1-0		
N	Sequentially list conditions,			0	0			8		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	ISEQUENCE OF):							
FIC	CAUSE (Disease or Injury									
Ē	that initiated events resulting in death) LAST									
								+ -		
AL.	PART II. Other significant conditions of	ontributing to death but n	ot reaulting in	the underlying	cause given in		AUTOPSY 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8	Congastive F	yeary se	Eilm	2		1 _ YES	2 4NO	COMPLETION OF CAUSE OF DEATH?		
ME		1				_ /		1 - YES 2 - NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CO	INTRIBUTE TO CA	USE OF I	DEATH Y	ES NC					
<u>S</u>		IOSPITAL:	0	26. PL	ACE OF DEATH (Chi	eck only one)				
łYS	1 YES 2 DAO 1	Prince 2 ER/Outpatien	1 3 DOA 4	☐ Nursing Home		8 Other (Specify)				
	Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOI		28d. DEŞCRIBE HOW	INJURY OCCURED			
B	2 Accident Investigation	28e, PLACE OF INJURY — A	I home, term, stre			281 LOCATION (Street	and Number of Pural I	Poudo Mumbar		
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office 5 building, stc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office 5 City or Town, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
APLE				od at the time, date end place, and dus to the cause(e) and menner se stated.						
ő	2 MEDICAL EXAMINER: C	On the basis of examination and	l/or investigation, i	in my opinion, de	eath occured at the	time, date end place, a	nd due to the cause(e	) and menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CENTURIER				29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)		
9	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	TEM 27 (F 2	inth	Do	2218/	1/4	1-94		
	/				DEIDT 45	1m 01 =		/		
	GARY, WAGONER, M.D. 925 BISHOP WALSH ROAD CUMBERLAND, MD. 21502									

<b>ALTIMORE, MARYLAND 21215-0020</b>	
LTIMORE, MARYLAND 21:	
CA	
0	٠
0	
. 1	
S	1
$\overline{}$	4
S	1
-	
Ò	
	1
	1
=	diam'r.
	4
d	3
1	4
-	4
_	4
Œ	3
d	
2	- age
$\geq$	
_	
ni.	4
-	i
Œ	ì
0	A
$\subseteq$	
5	Dage
=	á
-	•
1	4
-	3
<	Ť
00	2
	ż

CHARLES TO ...

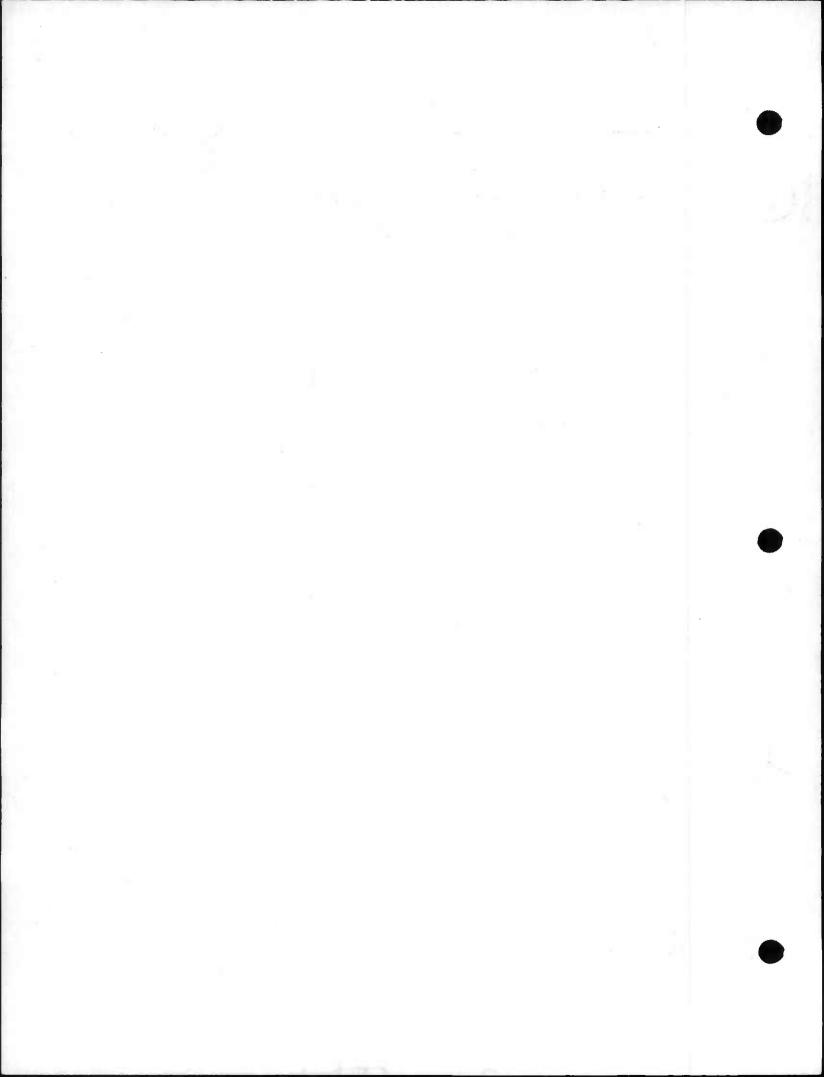
DIVISION OF VITAL RECORDS, P.O. BOX 68760

0700-61	ttending physician.	as the bunal-transit permit.		
DALIIMORE, MARITAND 21213-0020	death. Page 6 may be retained by the hospital or	s funeral director, page 5 should be detached for u.	examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTI	FICATE O	F DEATH	REG. N	o.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	William C.	Col	ole Jr				NOV. 3, 1994		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday		IF UNDER 24 HRS.	7 DATE OF BIRTH			11:50 A M  HPLACE (State or Foreign
	234-10-5912	1 🔀 M 2 🗆 F	88 YRS.	MONTHS DAY	HOURS MIN.	sep 27,	L906	Count	NC
_	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. COU	INTY OF D	DEATH
DIRECTOR	Avalon Manor Hor	ne Inc.		Hager	stown		Was	shing	gton
#	10s. STATE 10b. COUNT	Υ	10c. C	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
ā	MD Wash	nington	Ha	agerstov	m				1 X YES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE		10g, CIT	IZEN OF	WHAT COUNTRY?
BY FUNERAL	14014 Marsh Pike				21740		US	A	
윤	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 🔯		13. WAS D	ECENDENT OF HISPAN specify Cuban, Maxica	IC ORIGIN? (Specify Y	es or No-	14. RACI	E — American Indian, k, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR O			ES 2 XNO Specifi			1	white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'	S USUAL OCCUPA work done during use retired.)	TION most of working	16b. KIND OF B	USINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)							
₽ P	12		Sales	man		Clot	hing/	Shoe	Store
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Sumeme)		
BE	William C. Co	ble				(Davis)			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORESS (Street	at and Number or Rural i	Route Number, City or To	wn, State, Zip	p Code)	
-	Charlene K. Lloy	<i>r</i> d	9 Pub	lic Squa	are; Hagei	stown, MI	217	740	
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	comi from State	20b. PLACE AND DATE	OF DISPOSITION	Name of	OATE 20c, L	OCATION —	City or To	own, Stata
	4 Donation 5 Other (Specify)	Over from State	Restlawn	Memoria	al Gardens	11/7 L	aVale	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7.1	22. NAME	AND ADDRESS OF FA	CILITY	-		
	1 Oanes 7	2 Deca	10/1	Scar	pelli Fur perland. N	neral Home	:		
	23. PART i. Enter the diseases, or	complications that car	and the death. Do	not anter that	node of dving, suc	h as cardiac or res	piratory ar	rest.	Approximate
	shock, or haart railure.	List only one cause of	n aach lina.		, , , , , , , , , , , , , , , , , , , ,		, , ,		intarval Between
	iMMEDIATE CAUSE (Final disease or condition	Par	- A	1- 0					Onset and Daath
1	resulting in death)	a. Recurred DUE TO (OR)	Aspene	dra ? /	enmanz				imet
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):								
AT	if any, leading to immediate cause. Enter UNDERLYING								İ
윤	CAUSE (Disease or injury that initiated events oue TO (OR AS A CONSEQUENCE OF):								
E	resulting in death) LAST			,					İ
빙		d							+
	PART il. Other significant condition	a contributing to deal	th but not resulting	In the underly	ing cause given in	Part i. 24a. WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL						1 TYES	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							2 2 110		OF DEATH?
3						_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	ack only one!			
읈	EXAMINER?	HOSPITAL:	Outputlent 2 - Date	OTHER:					
¥	27. MANNER OF DEATH	28a. DATE OF INJU			ome 5 Rasidenca				
	1 Natural 5 Pending	(Month, Day, Ye		JURY	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OC	CURED	
B	2 Accident Investigation	20- 81-05-05-111	HIMM AAA		YES 2 NO				
요	3 Suicide S Could not be 4 Nomicide determined	building, etc. (	URY — At home, farm. 'Specify)	street, factory, of	fica	281. LOCATION (Stree City or Town, State	and Number	r or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	ICIAN: To the best of my k	nowledge, death occur	red at the time, d	rta and place, and dua	to the cause(a) and m	anner aa ste	rted.	
S		R: On the basis of axamin							a) and manner as stated.
Ŭ U	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM				(Month, Day, Year)
m	W(30		2 (8019			(,4			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATN (ITEM 27) /Two	e, Print)	,				
		MAGERST		0 217	90				
	31. DATE FILED (Month. Day, Year)	32. REGISTRADIS	NGNATURE						
	31. DATE FILED (Month, Day, Year) NOV 0 7 1994	Abudenchast	A CONTRACTOR						
- 1	MUV U ( 1994 - A	CO COMERN BUSIN	Anna A						



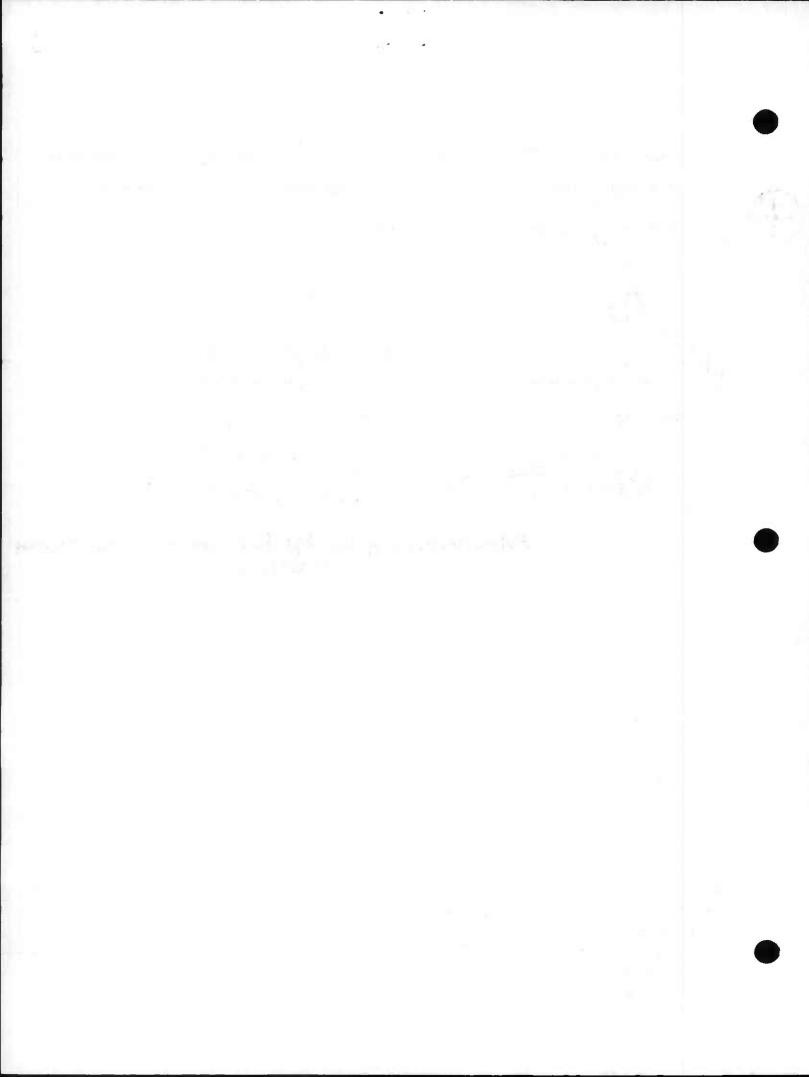


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR			CI	ERTIF	ICATE O	F DEATH	MENTA	REG. NO					
1. DECEDENT'S NAME (Fil	st, Middle, Last)		•				2. DATE	OF DEATH	DAW	YEAR	3. TIME O	F DEATH	
1 1127 1	ALAN		C	OCHR/	AN		NÖVE	MBER	8, 1	994	3:15	5 P	M
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH			HPLACE (Ste	ite or Foreig	חק
263-40-224		1 <b>X</b> XM 2 □ F	63	YRS.	MONTHS DAY:	HOURS MIN.	JULY	6, 1	931		<b>NSYLV</b>	ANIA	
9e. FACILITY NAME (If not		treet and number)			9b. CITY, TOW	OR LOCATION OF D			Y	UNTY OF	HTASC		
1003 TYLER RESIDENCE OF DE					W	ALDORF			С	HARLI	ES		
10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION					10d. INSID	DE CITY	
MARYLAND	CHARL	ES		l W	ALDORF							2 X NO	)
100. STREET AND NUMBE	R					101. ZIP CODE			10g. CI	TIZEN OF	WHAT COUN	ITRY?	
₩ 1003 TYLER	COURT					20	602		UN	ITED	STATE	ES	
100. STREET AND NUMBER 1003 TYLER 11. MARITAL STATUS	W	12. WAS DECEDEN	TEVER IN U.S. AR	MED	13. WAS E	ECENDENT OF HISPA specify Cuben, Mexic	NIC ORIGIN	7 (Specify Ye	a or No-	14. RAC	E - America	en Indien,	
1 Never Married 2 (		1948-19	WAR OR DATES		1 🗆 Y	ES 2 NO Speci	fy:	womi, wic.)		Spec	city:	-	
	CEDENT'S EDU			CEDENTIE	USUAL OCCUPA	TION	1 445	VIND OF D	1001500 (0	WH]	IE		
(Specify o	nly highest grade	completed)	(G	ive kind of Do NOT u	work done during	most of working	100.	KIND OF BU	75INE 55/II	NDUSTRY			
15. OI (Specify of Elementary/Secondary 12 17. FATHER'S NAME (First,	(0-12)	College (1-4 or 5		IC W	ORKS II	ISPECTOR		COUNT	Y GO'	VERNN	1ENT		
17. FATHER'S NAME (First,		0110.441			<del>- :</del>	18. MOTHER'S N.			,				
WILLIAM EDI		CHRAN				EVANG							
ADA COCHRAI						OURT, WAL					12		
20a METHOD OF DISPOS 1 Deurlai 2 Crema		-	7		OFDISPOSITION		DATI			- City or To			_
1 ABurlal 2 Crema 4 Donetion 5 Oth	er (Specify)	ovel from State				CEM. 11						AND	
MGB STATE		mile /	n		22. NAME	AND ADDRESS OF F	ACILITY						
DENGAM	IN MATT	UENC	M00658			UNTT FUN							
23. PART i. Enter the		to the same to the same to the same to the same to the same to the same to the same to the same to the same to		eth Do	P.U.I	80X 156, 1	WALDU	KF, M	AKYL	ANU Z		roximate	
shock, Dr IMMEDIATE CAUSE (F disease or condition resulting in daeth)		List only one cau			~1 4P.	Dul+ D		la selem	Λ <del></del> Λ	اده ما	Ons	rvai Betweet and D	
Touchting in Castin)		DUE TO	OR AS A CONSE	QUENCE O	F): 0	1	The state of	MUIN	3 ) 100	300	14	12/	COVV
Sequentially list cond	the Blung												
Sequentielly list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) La	edieta	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CAUSE (Disease Dr In		C	(OR AS A CONSE	OHENCE O	D.								
that initiated events resulting in deeth) LA	ST		(011 100 11 0011021	OULHOL O	· <i>y</i> .						İ		
Ē		d									-		
PART II. Other signific	cant condition	a contributing to	death but not i	resulting	in the underly	ing ceuse givan ir	Part I.	24a. WAS AI	N AUTOPS	Y 241	b. WERE AUTO		NGS
PART II. Other signific								1 TES				ON OF CAU	SE
<u> </u>											1 TYES		
DID TOBACO	O USE	CONTRIBUTI	TO CAU	SE OF	DEATH	YES   NO							
25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:				PLACE OF DEATH (C	heck only on	e)					
1   YES 2   NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing H	ome 5 Residence	6 🗆 Other	r (Specify)					
DID TOBACO 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	70.4	28s. DATE OF (Month, D		28b. TIN		NJURY AT WORK?	28d. DES	CRIBE HOW	INJURY O	CCURED			
1 Netural 5 2 Accident	Pending investigation					YES 2 NO							
2 Cutotela	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term						streel, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29e. CERTIFIER 1 CE	RTIFYING PHYSI	CIAN: To the best of	my knowledge, da	ath occur	ed at the time, d	tte end place, and du	e to the cau	se(s) and me	anner en el	lated			
one) 2 ME	299. CERTIFFIER  (Check only one)  1 CERTIFFING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end menner es stated.  2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end menner es stated.												
Tolows	1	اسم مراتا	o mo				ISE NUMBER LUNDIS 29d. DATE SIGNED (Month, Dey, Year)						
30. NAME AND ADDRESS	OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITF	M 27) (Tune	. Print)	036-045379 NOVEMBER 9, 1994							
TAKUO SONOI	A, 89T	H MDG. B	UILDING	1050	. WEST	PERIMETER	ROA	D, ANI	DREWS	SAFB	, MD.	203	31
31. DATE FILED (MONTH, Da	L 4 1994	32. HINGISTRA	AR'S SIGNATURE	and H	?			_					
1101	T 100.	/											



ALTIMORE, MARYLAND 21215-0020

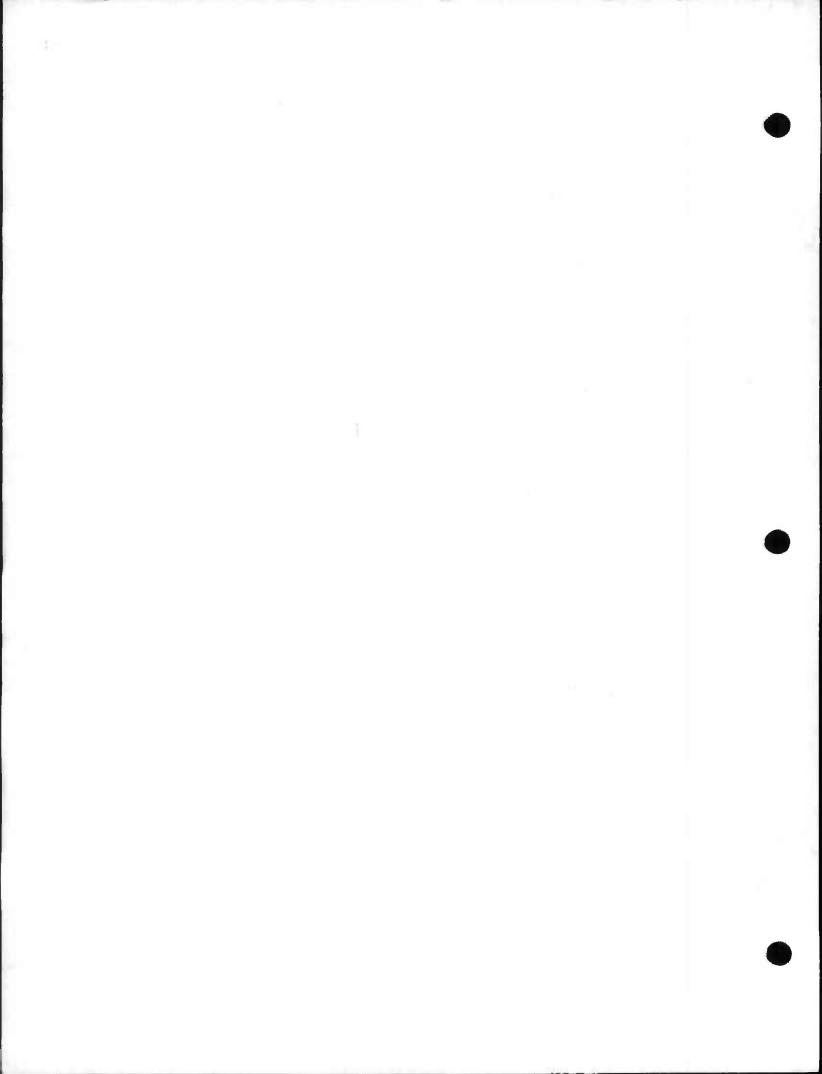
teath. Page 6 may be retained by the hospital or attending physician.

funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTOR: After this certificate has been signed by the attendion physician and completely filled in by the funeral director case 6 should be demanded to
be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, certainly, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) PP PINETTA MATTHEWS CRAMPTON 2. DATE OF DEATH MONTH 1994 3. TIME OF DEATH NOW 6 1994	м
	4. SOCIAL SECURITY NUMBER 2.12-18-30.33  5. SEX F 1	
TOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  ANNAPOLIS MD  ANNE ARUNDEL  RESIDENCE OF DECEDENT	
DIRECTOR	100. STATE MD ANNE ARUNDEL 10C. CITY TOWN OR LOCATION TO THE STATE OF	
FUNERAL	100. STREET AND NUMBER 109. CITIZEN OF WAXT COUNTRY? 21401 U.S.A.	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES X. 1 YES 2 NO Specify: 1 YES, GIVE WAR OR OATES X. 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. NO Specify: 1 YES X. YES X. NO Specify: 1 YES X. YE	A]
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10. S. GOV. RETIRED  11. Coffee (1-4 or 5+)  11. Coffee (1-4 or 5+)  12. Coffee (1-4 or 5+)  13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relified.)  14. U.S. GOV. RETIRED	
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  A D T E T T T T T T T T T T T T T T T T T	-
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State	-
	### Donation of Other (Specify) ### CATONSVII.I.F. MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-
	CHARLES E. HICKS 111 BOUSE OF HICKS 1922 FOREST DRIVE	
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ahock, or haart failure. List only one cause on each ilina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  248. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO  249. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   Desilent 2   FR/Outpetlent 3   DOA    1   Dosellent 2   FR/Outpetlent 3   DOA    1   Dosellent 2   FR/Outpetlent 3   DOA    1   DOSElent 2   FR/Outpetlent 3   DOA    1   DOSE   DOSE   DOSE   DOSE   DOSE   DOSE    1   Dosellent 2   FR/Outpetlent 3   DOA    1   DOSE	4
PHYS	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day Mar) (Month, Day Mar) (Month, Day Mar) (Month, Day Mar) (Month, Day Mar)	$\dashv$
BY	1 Pending 2 Accident Investigation 3 Suicide 20. 28. PLACE OF INJURY — At home, farm, street, factory, office	4
LETE	4 Homicide determined City or lown, State)	4
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTS AND . 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year).  DO 1030 11894	1
	Villiam H. Choate, M.D. 2083 West St. 2A, Annapolis Md 21401	
	31. DATE FILED (Month, Day, Year) NOV 09 1994 July Aurolan November 1994	I



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	e retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	5 should be detached for use as the burial-transit
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

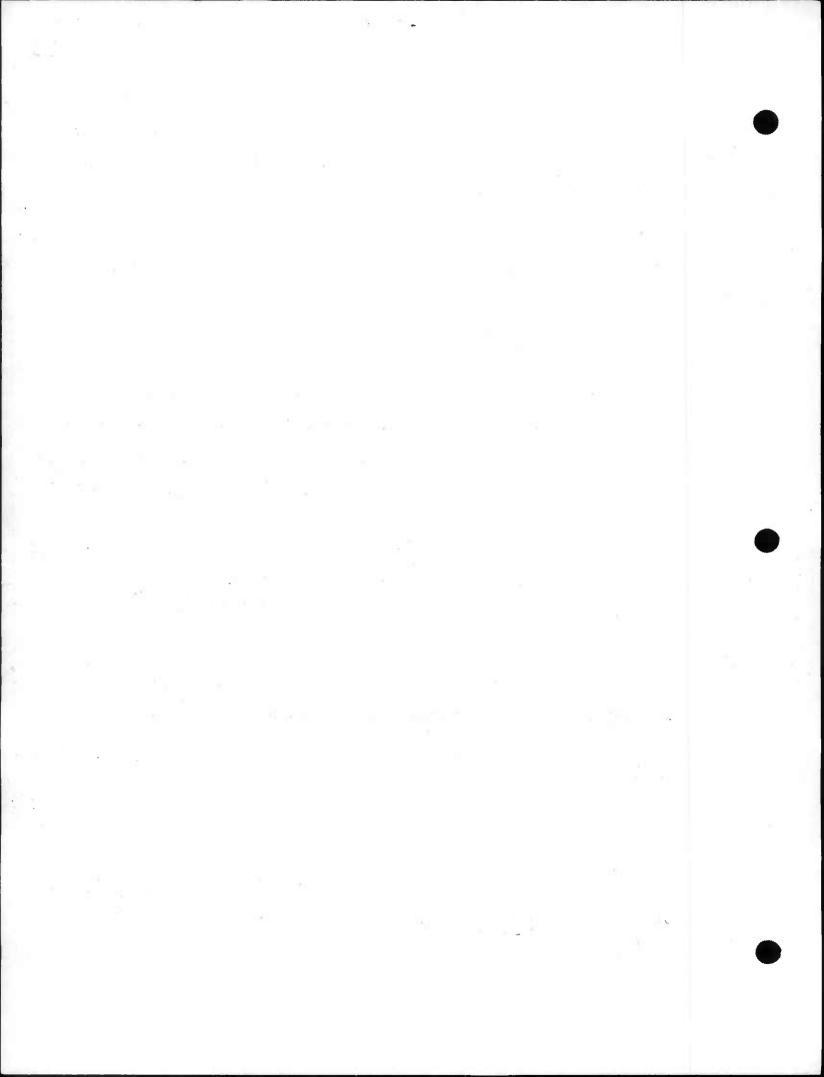
FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICALE (	OF DEATH	RE	G. NO.			
Į.	1. DECEDENT'S NAME (First, Middle, Last)			0	1 .	2. DATE OF DI	EATH DAY	3. TIME OF DEATH		
	-Danie	2 Ma	Rie	Cari	POLL	Novem	1	1994 8:15 m		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday			7. DATE OF BU	RTH	6. BIRTHPLACE (State or Foreign		
	216-30-5597		58 YRS.	MONTHS DA	MONTHS DAYS HOURS MIN. (Month, Day, Vest) West Vi					
	9a. FACILITY NAME (If not institution, give s			96. CITY, TO	WN OR LOCATION OF	DEATH	9c. C0	DUNTY OF DEATH		
DIRECTOR	Harford Memoria	l Hospital		Havr	e de Grac	e	Han	rford		
5	RESIDENCE OF DECEDENT									
E	100. STATE 106. COUNTY Ceci			TY, TOWN OR L				10d. INSIDE CITY LIMITS?		
				11011 1116				1 TYES 2 NO		
M	1345 Liberty Gro	ove Rd			101. ZIP CODE 21918			CITIZEN OF WHAT COUNTRY?		
FUNERAL								SA		
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	13. WAS	DECENDENT OF HISP s, specify Cuben, Mexi	ANIC ORIGIN? (Spi cen, Puerto Rican,	acify Yes or No-	- 14. RACE — American Indian, Black, White, etc.		
A	3 XWidowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🛮	YES 2 XNO Spe	offy:		Specify: White		
	15. DECEDENT'S EDU	CATION	16e. DECEDENT	S LISUM OCCU	PATION	16P KIND	OF BUSINESS/I			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind o	work done during use retired.)	g most of working	IOU. KIND	OF BUSINESS/I	INDUSTRY		
<u> </u>		College (1-4 or 5+) Jnknown	Homema	-		Hom	ie.			
S I	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	AME (First, Middle,		1		
0	Henry Thomas Mo	Donald				e Helmic		"		
B	19e. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (St.	reet end Number or Run			7in Codel		
임	Paul L Sites				n Rd Fores					
	20e. METHOD OF DISPOSITION  1/G Burlel 2 G Cremetion 3 G Rem		20b. PLACE AND DAT	OF DISPOSITIO		-		- City or Town, State		
	4 Donation 5 Other (Specify)	oval from State	Pleasant	Grove	Nov 10	1994	Peach	Bottom PA		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	THIST		22, NAN	Foard Fur	FACILITY				
- 1	11/1	w						m 01011		
-1	23. PART I. Enter tha diseases, or o	complications that ca	used the death. Do	not enter the	S Queen S	ot KISIN	g Sun M	1D 21911		
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between									
1	IMMEDIATE CAUSE (Fine) disease or condition  D. Jan Co MM// Good Body  Onset and Death									
	reaulting in death)	a. V M IVIUP	AS A COMPEQUENCE	myousm	7 , 0	initias	Mrs. o			
- 1	Sequentially list conditions.    A   Mm   Mm   Smbousm   C   Smart   S									
Ó	Sequentially list conditions,	b. DVI TO (OR	AS A CONSEQUENCE	OF):	V 1/	Collellin	10	الاعاما		
¥ I	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):						
CERTIFICATION	resulting in death) LAST	d,								
ᅙ	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
EDICAL		a contributing to det	at not resulting	in the under	lying cause given i	n Part I. 248.	WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 🗆	YES 2 NO	OF DEATH?		
Σ	DID TORACCO LISE O	ONTRIBILITE T	O CALISE O	DEATH	VES CO NO			1 TYES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO WAS CASE REFERRED TO W									
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (					
¥	1 YES 2 ANO	1 23npetient 2 ER			Home 5 Residence					
	1 Natural 5 Pending	(Month, Day, Y		JURY	WORK?	26d. DESCHIBE	E HOW INJURY O	OCCURED		
B	2 Accident Investigation 3 Suicide & Could set be	26e, PLACE OF IN	JURY — At home, lerm			204 I OCATION	(Dan et a est Marie	ber or Rural Route Number.		
	4 Homicide 6 Could not be	building, etc.	(Specify)	, street, rectory,	omes	City or Tow		per or Hurai Houte Number,		
9	29e. CERTIFIER									
(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.										
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.								the ceuse(s) end menner es stated.		
W	296. SIGNATURE AND TITLE OF CERTIFIES	AIM			29c. LICENSE N	1/12	29d. D.	ATE SIGNED (Month, Day, Year)		
<u>و</u>	JUNIO CE CELLONIA DE LA CONTRACTOR DE LA	WINTER COORDINATION			1 14	141		111144		
	30. NAME AND ADDRESS OF PERSON WHO		PORTH (ITEM 27) (Typ	e, Print)	100 100	210	70			
	70 9, UMM	32. REGISTRAR'S	NAVINO V	O GMY	VE VM vidam-Randa	1 00	17			
	117/04		'O A	Lilia No	idson Rande	N.				
		NOV 0 9	94	7	Anthony a Millians					
								DHMH-16 Rev 1/89		

DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within AD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit embed filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	5-0020	ding physician.	s the burial-transit nerm	
THE HOSPITAL OR A THE FUNERAL DIRECTION TO THE FUNERAL DIRECTION TO THE THE THE THE THE THE THE THE THE THE	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	1 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a floor with the State Date of Health and Macrel Hamilton and the house after death with the State Date of Health and Macrel Hamilton and Administratory to have after death with the State Date of Health and Macrel Hamilton and Ma	De lied within 12 nous are occur with the Sake Och. Or regular and mental hybrid prior to conset, changed, or liter 28 is marked, or liter 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	~				2. DATE OF DEATH		3. TIME OF DEATH		
	Glen	Thoma	S	Cha	PK	November 1	2 1994	3. TIME OF BEATH A		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	8. BIRT	HPLACE (State or Foreign						
	217-26-8175	1 □ M 2XXF 72	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 2,192	22 Mai	ryland		
nr.	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	HTA	9c. COUNTY OF	DEATH		
DIRECTOR	Harford Memorial	Hospital		Havre c	le Grace		Harford	1		
RE	10e. STATE 10b. COUNT		10c. CIT	, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?			
	Maryland	Harford	A	oerdeen	1XXYES 2 NO					
FUNERAL	10e. STREET AND NUMBER	Q.L		101	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
N N	423 South Parke	12. WAS DECEDENT EVER IN U	I A PIMED	1 40 400 056	21001		U.S.A			
	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ecify Cuban, Maxicar	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	Blac	CE — American Indian, ck, White, etc.		
BY	3 Wildowed 4 Divorced	WW II		1 1 123	2 X NO Specify		Whit	city: Le		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION 1 completed)	6a. DECEDENT'S (Give kind of v	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KINO OF BUS	SINESS/INOUSTRY			
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		Service		II C Co	vernment	_		
NO.	17. FATHER'S NAME (First, Middle, Lest)		CIVII	DET ATCE		ME (First, Middle, Meiden				
BE C	Frank Smithson C	lark			Zilla	Mabel Thom	pson			
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		loute Number, City or Town				
	Mrs. Elsie Mae C	Lark	423 8	South Pa	rke Stre	et, Aberde	en, Mary	land 21001		
	20a, METHOD OF DISPOSITION  1 F Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata cemete	ery, cramatory or of			1	CATION — City or T			
	21. SIGNATURE OF FUNERAL SERVICE LIC	1000	er Cree	Cemete	Y ADDRESS OF FAC	II/15 For	est Hill	Maryland		
	*Kiritan t	Inullan	Laha	Tarri	ng-Cargo	Funeral H	ome, P.A	4.		
	23. PART I. Enter the diseases, or	complications that caused t	he deeth. Do n			yland 210		Anneylmata		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition  Ar. T. Church H.									
	resulting in death)	ONE TO JOH AS A CONSEQUENCE OF)								
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate  b. Very Con as a comprequence of:									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	CAUSE (Disease or Injury								
E	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):						
		d								
SAL	PART II. Other significant condition	s contributing to death but	not resulting i	n the underlyin	g ceuse given in i	Pert i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Ē						1 YES 2	Mo	OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO C	AUSE OF	DEATH Y	ES I NO	V		1 TES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Che	ick only one)				
YSIC	1 TES 2 NO	HOSPITAL:  1 Inpatient 2 ER/Outpati	ent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 Residence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	26d. DESCRIBE HOW II	NJURY OCCUREO			
B	2 Accident Investigation	28s. PLACE OF INJURY -	At home term a		YES 2 NO	24 10017011				
TED	4 Homicide 6 Could not be determined	building, atc. (Specify,	)	reat, rectory, orne	·	26f. LOCATION (Street a City or Town, State)	nu Number or Hurai	Houte Number,		
PLE	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my knowled	ige, death occurre	d at the time, data	end place, and due	to the cause(e) and man	iner se stated.			
COMPLET		R: On the beals of exemination a						(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	AL			29CALICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)		
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H /ITEM 271 /3/00-	Print)	1011	14	- 11/10	474		
	CHAILES EUC	JU 219 W B	FLA(V	LAUF.	ACRECLOS	EEU, N	10 21	100/		
	31. OATÉ FILEO (Month, Day, Year) NOV 1 4 1994	32. AEGISTRATS SIGNATI	- Kardall							
							-			



ATTEN

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)

NOV 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)									
LRNORA  COLE NOVEMBER 6.  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  WONTHS  DAY  MONTH DAY  NOVEMBER 6.  MONTH DAY  NOVEMBER 6.  MONTH DAY	3. TIME OF DEATH								
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)    FUNDER 1 YEAR   FUNDER 24 HRS.   7. DATE OF BIRTH	YEAR								
	8. BIRTHPLACE (State or Foreign								
$\begin{bmatrix} 215-21-2370 \end{bmatrix}$ $\begin{bmatrix} 1 \square \text{ M-ZXXF} \end{bmatrix}$ 20 YRS. $\begin{bmatrix} \text{MATING} \end{bmatrix}$	LOUISIANA								
	COUNTY OF DEATH								
RESIDENCE OF DECEDENT	ANNE ARUNDEL								
	10d. INSIDE CITY LIMITS?  XX YES 2 \( \square\) NO								
10e. STREET AND NUMBER 7880 L TALL PINES COURT  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specifly Yee or if yee, appecifly Cuben, Maxican, Puerto Rican, atc.)	USA								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Black, White, etc.  Specify:								
15. DECEOENT'S EDUCATION 186. DECEOENT'S USUAL OCCUPATION 166. KIND OF BUSINI	BLACK BS/INDUSTRY								
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)									
PAINTER GLOBAL DI	CORATORS								
15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  17. FATHER'S NAME (First, Middle, Last)  180. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  PAINTER  18. MOTHER'S NAME (First, Middle, Maiden Sur	ame)								
LEO COLE KAY WILSON									
199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S 7880 L TALL PINES COURT GLEN BURN									
20a. METHOD OF DISPOSITION  1 Straight 2 Cremation 3 Removal from State  4 Donetion 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Completely, Crematory of other (Disposition)  ANNAPOLIS MEM. GARDENS 11/12/94 ANNAPOLIS, MD.									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  REESE & SONS MORTUARY, P. 821 WEST ST. ANNAPOLIS, N.									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirate shock, or heart failure. List only one cause on each line.	ry arrest, Approximata								
IMMEDIATE CAUSE (Final	intarval Between Onset and Daeth								
disease or condition resulting in death)  a. Due to (on as a donsequence on):									
DUE TO (ON AS A PROMSEOUENCE OF):									
Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.									
that Initiated eventa OUE TO (OR AS A CONSEQUENCE OF):									
d									
PART il Other elgolficent conditions contribution to death but not received to the									
PERFORME  1 \$\frac{1}{2}\$ \text{ Fes 2 } \tag{1}	COMPLETION OF CAUSE								
¥	1 XYES 2 NO								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
EXAMINER?  YSYES 2 NO  HOSPITAL:  1   Inpetient 2   ER/Outpetient 3   DOA    4   Nursing Home 5   Residence & Other (Specify)   ROADWAY									
YYES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence & Other (Specify)	Y OCCURED								
T   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence & Capther (Specify)   R(  27. MANNER OF DEATH   28e. DATE OF INJURY   28b. TIME OF   10   Netural   5   Pandles   10   Netural   5   Pandles   10   Netural	motor vehicle collision								
2 Accident Investigation 11-6-94 139 AM 1 YES 2 NO									
2 Accident Investigation 28e PLACE DE IN HIEV ALL DOTTE OF THE MILEY	umber or Aural Route Number, @ Farregut Court								
2 Accident Investigation 28e PLACE DE IN HIEV ALL DOTTE OF THE MINEY	@ Farregut Court								
2 Accident Investigation 28e PLACE DE IN HIEV ALL DOTTE OF THE MINEY	@ Farregut Court e.Hungre, Ad 10 alated.								
2 Accident   Investigation   1	@ Farregut Court e.Hungre, Ad 10 alated.								

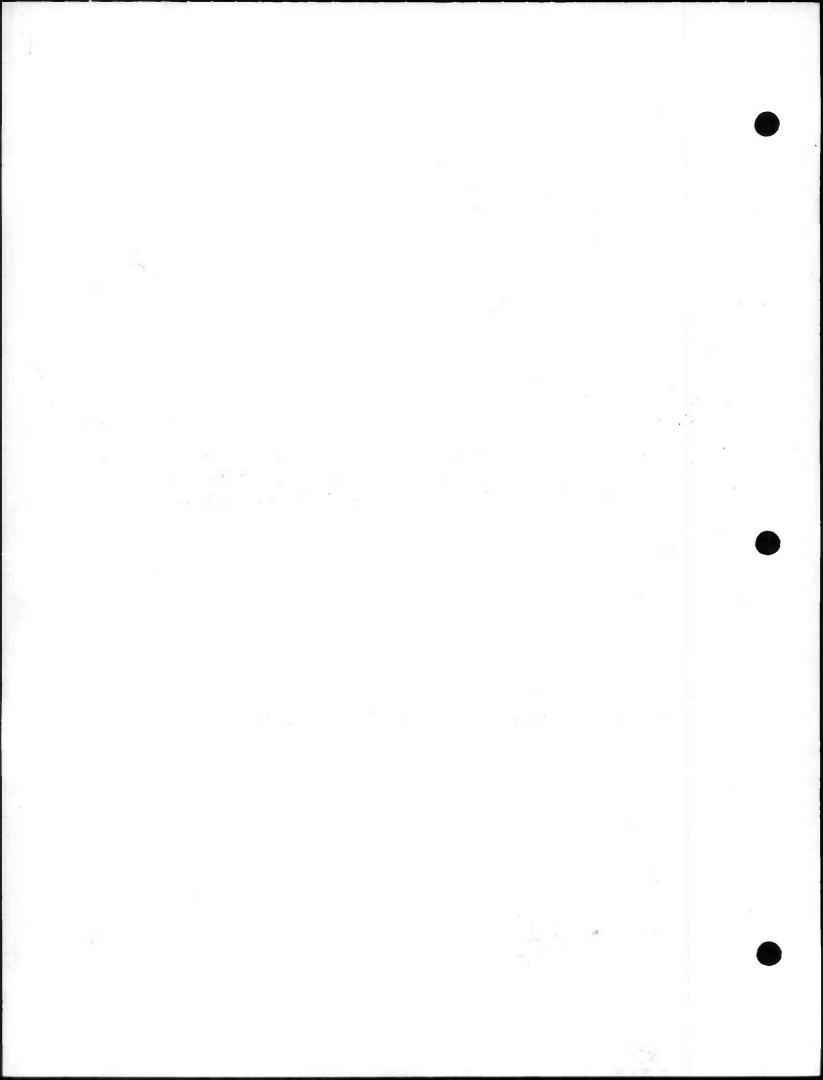
32. REGISTRAR'S SIGNATURE
94 Julia Davidson Randall

Raltimore, Maryland 21201

DALLIMORE, MARTLAND ZIZIS-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit.	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL NECONDS, T.O. BOX 80100	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	De filed Within 72 hours after death with the State Dept. Of health and Mehtal hyberie prior to Solial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			9411	111 107	X1 E O1	DEA		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	FORREST	BARTLI	ETT	CLARI	7		2. DATE OF DEATH DA	Y	YEAR	3. TIME OF DEATH
	Forrest Clark  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In vis. last							11 12 94			9:07P M
	215-01-5476	5. SEX 6. AG	E (In yrs. last birt	thday) IF (	THE DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	PLACE (State or Foreign
		78 <u>'</u>		1/2/16 MAR			YLAND				
œ	9a. FACILITY NAME (If not institution, give si			9b.				ATH	9c. COU	NTY OF DE	EATH
6	12301 Cash	Valley Road	NW E		Cumbe	erland	<u></u>		A1	lega	ny
DIRECTOR	10a. STATE 10b. COUNTY	1	10	e. CITY, TO	WN OR LOCA	ATION					10d. INSIDE CITY
	Maryland Alle	gany		Cuml	ærlar	nd					LIMITS?
AL	10e. STREET AND NUMBER				-10	of. ZIP CODE	E		10g. CITIZEN OF WHAT COUNTRY?		
Ē	12301 Cas	sh Vally Roa	ad NW			2150	)2		US	SA	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 M Msrried	12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO		13. WAS DE	CENDENT C	F HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, atc.)	or No-	14. RACE Black	American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			S 2 X NO				Specif	WHITE
	15. DECEDENT'S EDUC	WW II	16a, DECED	ENT'S USU	AL OCCUPAT	ION		16b. KIND OF BUS	INESS/INF	HIETOV	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give ki	ind of work o	done during m	ost of working	ng	100. KIND OF BUS	INC 337 INC	7031H1	
PL	11	College (I-4 of 3 7)	WEI	LDER				TEXTIL	E M	ANUF	ACTURING
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	AT 1 2 2				18. MOTI	HER'S NAM	IE (First, Middle, Maiden	Sumame)		
BE C	ZEDOC MASON	CLARK				BI	EULA	H V. CRA	MEOI	RD	
0	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Town			21502
-	MARGARET CLA	RK	123	301	CASH	VALI	LEY	RD, NW,	CUMI	BERL	AND, MD
ľ	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame		0b. PLACE AND							City or Tox	
	4 □ Donation 5 N Other (Specify) EN		RESTL!	AWN				15/94 La	VAL	E, M	D 21502
	ST. SHUMATURE OF FUNERAL SERVICE LIC	200				VEY I		EIGLER F	UNE	RAT	HOME
	MULLETTI	axer_						15545			
	23. PART I. Enter the diseases, or o	complications that cause	ed the death.	. Do not e	entar the m	oda of dyl	ing, such	aa cardiac or reapi	atory an	reat,	Approximata
- 1	ahock, or heart failure. List only one causa on each lina.  IMMEDIATE CAUSE (Final  Onset and Death										
	disease or condition reaulting in death)	. Arterios	sclerot	ic he	eart d	iseas	se				_ [ <b> </b>
1		oue to (on As Diabete	A CONSEQUEN	NCE OF):							
N	Saguantially list conditions b.										
PA	thany, leading to immediate consequence of:										
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUEN	NCE OF):			_				
E	resulting in death) LAST	4									į į
		d									
EDICAL	PART II. Other aignificant condition	a contributing to death	but not reau	Iting in th	e underlyii	ng cause g	givan in F	Part I. 24a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5								1 YES &	NO		COMPLETION OF CAUSE OF OEATH?
2	\ <del></del>							-/			1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE	OF DI			NO	M			
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. F	LACE OF D	EATH (Chec	ck only one)			
₹	1 YES 2 NO	1 Inpatient 2 ER/O						Other (Specify)			
	Natural 5 Pending	(Month, Day, Year		b. TIME OF INJURY	W	ORK?		28d. DESCRIBE HOW IN	IJURY OC	CURED	Ì
B	3 Suicide Could not be	28a, PLACE OF INJU	RY — At home	form street		YES 2	-	201 LOCATION (Charles	med Alexandre	0	In the Marian
3 Suicide 4 Homicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29c. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.								oute Number,			
								100000000000000000000000000000000000000			
႘	$\sim$		non and/or nives	idgation, in	my opinion,	_	-		dua to th	ne cause(a)	and manner as stated.
8	296. SIGHATURE AND TITLE OF CENTIFIER	/	pty Med	d Ev		29c. LICE	ENSE NUMI				(Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WE		- 10 m		P)			D 09157	►11	/12/9	94
											i
	Paul Sno	OW AMID 1	24 w 31	rd st	Cumb	MD 2	1502				
	" NOV 1 1994 }	Pen Trustitain Ko	bas								
	- U										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	20		l at
ained	shoul		liffe
e ref	6 5		100
nay t	pag		t be
9 9	ector		Mus
Page	al din		ner
death.	funera		жаш
after	y the	nova	Cal
OURS S	in b	r ren	red
2	filled	0,00	he m
The second	tely	matic	it, #
ed wil	omple	al, cre	ever
xecut	and	Pur	atle
De e	cian	or to	шпе
cate	hysic	e pri	er tr
ertifi	ing p	ygien	et o
ath	ttend	tal H	0
the de	the a	3 Ment	Injury
that	D D	h and	h
Sall	Signe	Healt	¥30
regu	neen	10	sho
I Jaw	as b	Dept	23
Ĭ.	cate	State	tem
CIA	ertifi	the	0
SHYS.	this c	with	ked
NG F	fter 1	eath	mar
END	H: A	ter d	50
ATT	ECT	rs af	n 28
L OR	BIO .	10g	e
PITA	ERAL	in 72	T. II
HOS	FUN	with	TAN
표	THE	filed	POR
2	2	2	Ξ

											94	345	42
	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)	-		2001					2. DATE OF DEATH	<b>T</b> O	54	3. TIME OF DEAT	
	PAMELA	J.		COS						10		1:20	P <sub>M</sub>
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Countr	IPLACE (State or Forty)	oreign
	234-13-1099	1 🗆 M 2 🔭 F	25	YRS.					AUG. 7 1	T	<u> </u>	Wv.	
oc	9e. FACILITY NAME (If not institution, give st	,					R LOCATIO		ATH		JNTY OF D		
DIRECTOR	MEMORIAL HOSPI	TAL			Ct	JMER	LANI	)		AL	LEGA	ANY	
2	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	Y
0	Md Alleg	gany		We	este:	rnpo	rt				- 1	LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
E	24601 Acorn Hill I	Or.					215	62		l t	US		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	IMED					IIC ORIGIN? (Specify Y	es or No-	14. RACE	E — American India k, White, etc.	an,
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	***			2 X NO				Speci	Mv.	
		247104							T			White	
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S ive kind of a Do NOT us	Work done	during mos	on st of working	g	16b. KIND OF B	USINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	ager,					Dotai	7 04-			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tranc	igei,	010	CIIII.			Retai		re		
	Robert W. Brai	thwaite							Saville				
BE										own, State, Zi	io Code)	21.5	
2	Scott Costilow  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21562 24601 Acorn Hill Dr, Rt 1 Box 246, Westernport.								62 Ma				
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo		20b. PLACE	MODATE	OF DIEDO	CITION /No	mo of		DATE 200 I	OCATION	Chu as Ta	Chat-	110
	4 Donation S Other (Specify)	oval from State	cemetery, cre	matory or o	ther plece)	Cem	eter	v 11	-14-94 W	ester	'nnor	t Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	0						Service	00001	прод	Leg IIII.	
1	> /// MMR	191	al						t. Wester		152		
	23. PART I. Enter the disesses, or c	compilections that	coused the de	eth. Do r	not enter	the mo	de of dyl	ng, suci	h as cerdiec or rea	piratory er	reat.	Approxim	ate
	ehock, pr heart feliure. List pnly one ceuse on each line.  Interval Between  IMMEDIATE CAUSE (Finel  Onset and Desth												
	disease pr condition								Onset and	a Doots			
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
z	Secretally the control of the contro												
ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disesse pr injury												
H	thet initieted events resulting in death) LAST	DUE TO	OR AS A CONSEC	DUENCE O	F):								
	resulting in deathly Excit	d											
LC	PART II. Other eignificant condition	a contributing to	deeth but not r	eeulting	In the u	nderlying	ceuse g	iven in		N AUTOPSY	24b.	. WERE AUTOPSY FI	
PHYSICIAN: MEDICAL										PRMED?		AVAILABLE PRIOR	
										2   110		OF DEATH?	NO.
2	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	SΠ	NO D	L UNC	ERTAIN	<u>,                                    </u>			123 2 1	
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEA									
S	1XXES 2 □ NO	HOSPITAL:	ER/Outpatient X	(X)DOA	OTHE		5 🗆 Rei	sidence	8 Other (Specify)				
E	27. MANNER OF DEATH	26e. DATE OF (Month, De		28b. TIM	E OF URY	28c. INJI	JRY AT		26d. DESCRIBE HOW	INJURY OC			
BY	1 Netural 5 Pending 2 Accident Investigation	11-10-9		1155	AM	1 🗌 Y	1.4	NO	mutor ve	hicle	coll	ision	- 1
63	3 Suicide 6 Could not be	28e. PLACE Of building,	INJURY — At ho etc. (Specify)	me, term,	street, fec	tory, office			28f. LOCATION (Stree City or Town, State	t and Number	or Rural R	Route Number,	$\neg \neg$
	4 Homicide determined		5	tree	+				Allegan		hd	1000	
7		CIAN: To the beat of	my knowledge, de	ath occurr	ed at the	time, date	end place,	end due	to the ceuse(s) end m	,	ited.		-
COMPLET	One) MEDICAL EXAMINE	R: On the besis of ex	amination end/or i	Investigatio	n, In my	opinion, de	eath occur	ed at the	time, date end place,	end due to ti	he ceuse(s	) end menner as s	tated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 01				T	29c. LICE	NSE NUM	IBER	29d. DAT	TE SIGNED	(Month, Day, Year)	
0 8	Down	- J Chi	ite in				0 0	С.М.	F			11,199	14
	20 NAME AND ADDRESS OF DEDOON WILL	down FTED ONLO		4 AT /T	0.1.4					TA.	U V .	1111JJ	T

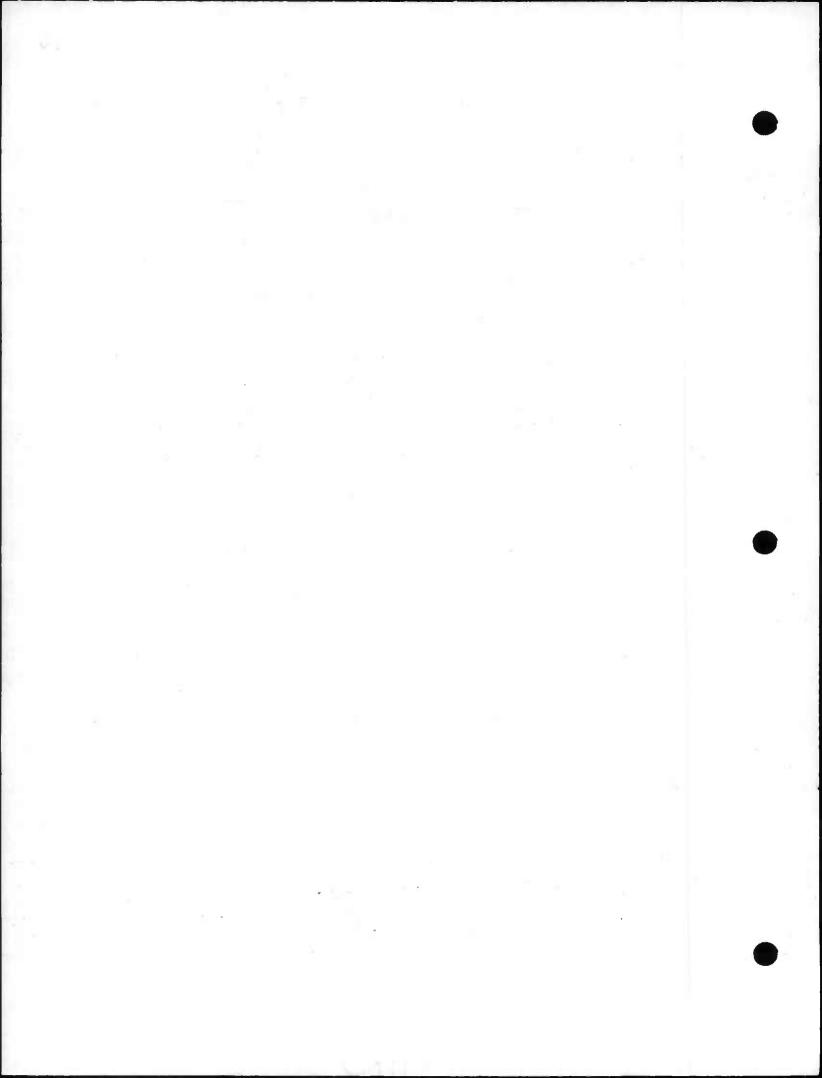
1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) NOV 1 6

OHMH-16 Ray 1/89

⋖	,
BA	
	*
_	
	ı
	7
BOX 68760	-
~	1
8	1
Ψ.	
×	
O	
$\mathbf{\alpha}$	1
	4:
O	
۵.	
-	į
တ	
	4
Œ	•
0	4
O	
ш	
$\alpha$	
_	
4	•
$\vdash$	į
=	;
	i
<u> </u>	i
O	
DIVISION OF VITAL RECORDS, P.O.	The second secon
$\vec{\Box}$	100
=	-
S	į
>	
=	1

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIR			
	1. OECEDENT'S NAME (First, Middle, List)	Benjamin	Gale	CHA	NDLER	2. DATE OF OEATH MONTH November	6, 1994	3. TIME OF OEATH 6:50 P.	A
	4. SOCIAL SECURITY NUMBER  236-48-8841  9a. FACILITY NAME (If not institution, give si	1 X M 2 - F	59 YRS.		IF UNDER 24 HRS. HOURS MIN.		1935 W	BIRTHPLACE (State or Foreign Country) Sst Virginia	
TOR	9504 Bethel Roa			Fre	derick	DEATH	9c. COUNTY F1	ederick	
DIRECTOR	10e. STATE 10b. COUNTY	ede <b>ric</b> k	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 9504 Bethel Ro	ad	-	10f. 2	21702			S.A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 XYES IF YES, GIVE WAR OR O	2 NO		Ify Cuban, Mexic	ANIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No — 14	RACE — American Indian, Black, White, etc. Specify: White	
PLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	life, Do NOT use	rk done during most	of working		ernment	TRY	
BE COMPLET		etcher	CHAN			AME (First, Middle, Maio Josephine	len Sumame)	ADKINS	
5	Mrs. Mary E. Chan		9504 B	ethel Ro	ad, Fre	Route Number, City or ederick, M	id. 2170	)2	
	1  Burial 2 Cremation 3 Ramid A Donation 5 Other (Specify)	oval from State cent	PLACEANDDATEOF netery, crematory or othe ithsburg	Cremator	ADDRESS OF F	7/94 Sm:		g, Maryland	_
	Allan H	1.000	00703	106 Ea	st Chur	ord P.A. ch St., F	rederic	k, Md. 21701	-
	23. PART i. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Adino 6	CONSEQUENCE OF	200	of dying, su	metalize		d, Approximate interval Between Onset and De 3 me s	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF)	4-10	any	Meladie			
MEDICAL C	PART II. Other algolificant condition	a contributing to death b	ut not reaulting in	the underlying	cauae given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES AN NO	-
SICIAN: 1	DID TOBACCO USE ( 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUSE OF		S NO				_
PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		RY WORK	Y AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, str			281. LOCATION (Stre City or Town, Str		Rural Route Number,	
COMPLET		CIAN: To the best of my know R: On the basis of examination						ause(a) and mennar as stated	i.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Carpone	m)		29c. LICENSE NU	MBER 7/	29d. DATE S	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Dr. Robert L. Ko 31. Date Filed (Month, Day, Year)	aufmann, M.D.	., 300 Wes		Street	, Frederi	ck, Md.	21701	
	NOV 0 0 1994	32. REGISTRAR'S SIGN	en-Randalla						



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR	PART 1.								
_	STATE		STATE O	F MAH						MENTA
-	DECICEDAD				4	CEDI	CIEIO A	TE A	E DEAT	

1 - STATE REGISTRAR		STATE OF I	MARYL		DEPARTA			EALTH AND I	MENT/	AL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEAT	н
EUGENE		LLOY	D			DUKE	S		AU	GUST 7	19	94	7:21	Pw
4. SOCIAL SECURITY NUMBER	BER	5. SEX		(In yrs. las	7	F UNDER 1 YE	1	IF UNDER 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State or For	
217-54-74	30	1 🐼 M 2 🗆 F					AVS	HOURS MIN.	(Mor	nth, Day, Year)		Count	try)	
9a. FACILITY NAME (If not in		treet and number)			91	b. CITY. TO	WN OF	R LOCATION OF DE		/22/52		Mar NTY OF C	yland	
PENINSULA			DIC	λ T. (				ISGURY	L-1111			COM		
RESIDENCE OF DEC		JNAL HL	DIC	711	, 114 T Fr.	I J	ИД	TOGORI			111	COII	100	
10e. STATE	10b. COUNTY				10c. CITY, T	OWN OR L	OCATIO	711					10d. INSIDE CITY	11
Maryland		omico						Pars	sons	sburg			1   YES 2	NO
10e. STREET AND NUMBER							101.	ZIP CODE					WHAT COUNTRY?	
694	/ For	est Gro	ove	Roa	ď			218	349		Uni <sup>.</sup>	ted	States	
11. MARITAL STATUS		12. WAS DECEDER						NDENT OF HISPAN			or No-	14. RAC Blac	E — American India k, White, atc.	n,
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE	MAR OR D	ATES				2 NO Specify		riroani, atc.;		Spec		2
		Viet	NAM											
(Specify only	EDENT'S EDU y highest grade			(G	CEDENT'S US we kind of work Do NOT use re	k done durin			16	b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	-						Const	ruct	tion	1	
12th	Medello ( and)		_	<u></u>	arpen	iter	_							
II. PAINER & NAME (First, M		Eugene	W.	Nuk	es			18. MOTHER'S NA		mford	Sumame)			
19a. INFORMANT'S NAME (1						ADDESC (C)		nd Number or Rural I			- 0 7/	- 0 - 1-1	24040	_
Eugene W		es						t Grove						
20a. METHOD OF DISPOSIT			20		AND DATE OF D				OA.		_		own, State	
1 ☑ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗌 Rem	oval from State	cer	netery, cre	matory or other	plece)			1					- al
21. SIGNATURE OF FUNERA		ENSEE		ast	ern 5			eteran		O   Hu	1100	. K ,	Marylar	10
> Micha	47-	Eskow.				Fra	amp	otom-Ha	wki	ns-Es erals	kow	Fun	eral Ho 10 21632	me
23. PART I. Enter the d													Approxima	te
IMMEDIATE CAUSE (Fir		List only one car	uae on e	ach line									Onset and	
disease or condition resulting in death)		. MULTIPLE	TN.11	IRTES									İ	
resulting in death)	,				DUENCE OF):								+	
		b												
Sequentially list condit if any, leading to imme		DUE TO	(OR AS	CONSE	DUENCE OF):									
cause. Enter UNDERLY	ING	с.												
that initiated events		DUE TO	(OR AS	CONSEC	DUENCE OF):									
resulting in death) LAS	' (	d												
PART II. Other aignifica	nt condition	s contributing to	death i	out not r	eaulting in 1	the under	ivina	cause given in	Part I.	24s, WAS AN	AUTOPSY	24	. WERE AUTOPSY FIR	MININGS
							,			PERFOR	MEO?	- "	AVAILABLE PRIOR 1	o
										1 YES 2	□ NO		OF DEATH?	
DID TOBACCO U	SE CONITI	DIDLITE TO CA	LICE C	NE DE A	TU VEC			LINICEDTA		`			1 YES 2 N	0
25. WAS CASE REFERRED TO		KIBUTE TO CA	IOSE C		E OF OEATN (			UNCERTAIN	и Ц				1	
EXAMINER?		HOSPITAL:	T com.		0	THER:		. 53 -	- 8:		_			
27. MANNER OF DEATH		1 Inpatient 2X		patient 3	28b. TIME O			5 Realdenca			UIIIN OC	CUBED		
	Pending	(Month, L	ay, Year)		7:50 P	Y	WOR	IK?		EŞCRIBE HOW II			0706 1151170	
T ( ) ( Notes and )	Investigation	8-7-94	E IN HID	/ At ho	me, term, stree	_		2/12/140		CATION (Street a			OTOR VEHIC	LL
	Could not be determined	building.	etc. (Spe	cify)	DAD	et, lactory,	Onica		Ch	y or Town, State) MICO COU	US 13	/FLOW	ER CHURCH	RD.
	IFYING PHYSI	CIAN: To the best of	my know	rledge, de	eth occurred a	at the time,	data a	and place, and due	to the co	euse(a) and man	ner as ats	ted.		
one)	ICAL EXAMINE	R: On the basis of a	xaminstic	n and/or I	nveatigation, i	n my opink	on, da	ath occured at the	time, dat	la and place, an	d dua to t	ha cause(	a) and manner as st	sted.
29b. SIGNATURE AND TITLE	OF CERTIFIEF	11.					Т	29c. LICENSE NUM					(Month, Day, Year)	
- //	11	V						O $C$ $M$	F.	- 1	AHC	HEIL	8.1994	, I

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pertifying be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

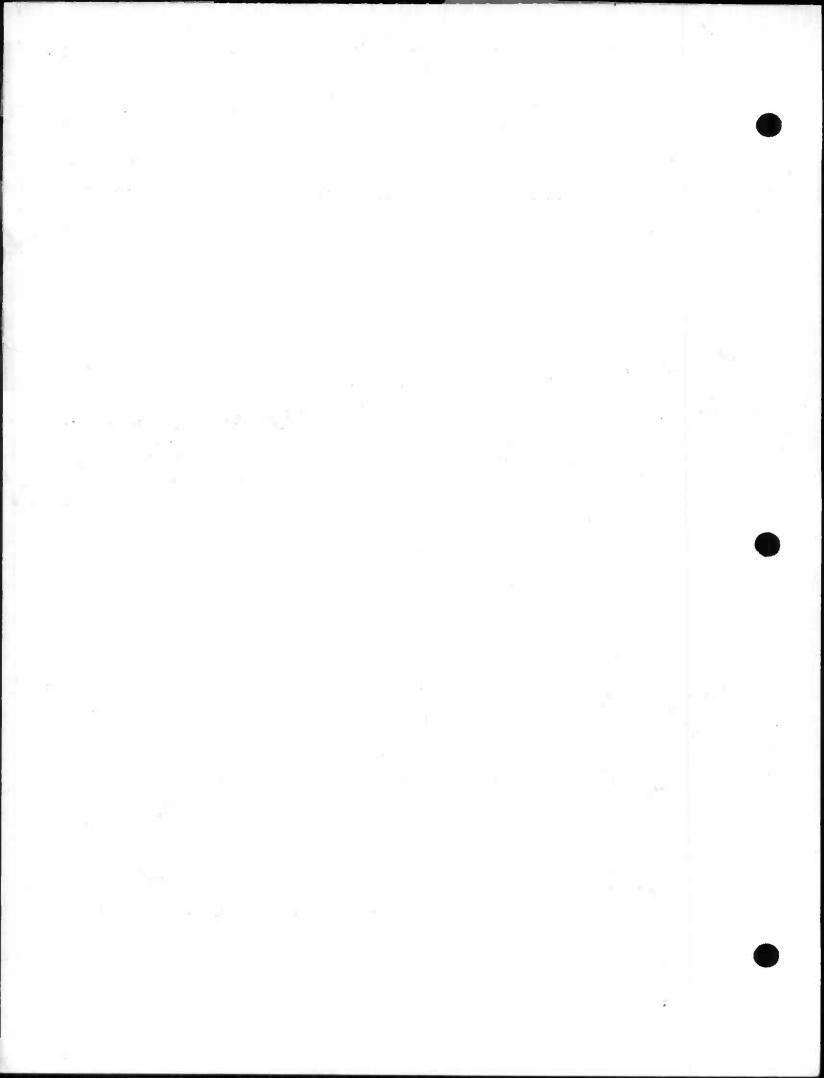
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

EO CAUSE OF OEATN (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

ina Davidson

DHMH-16 Rev 1/89



		it permit, Nose Company
O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death c	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

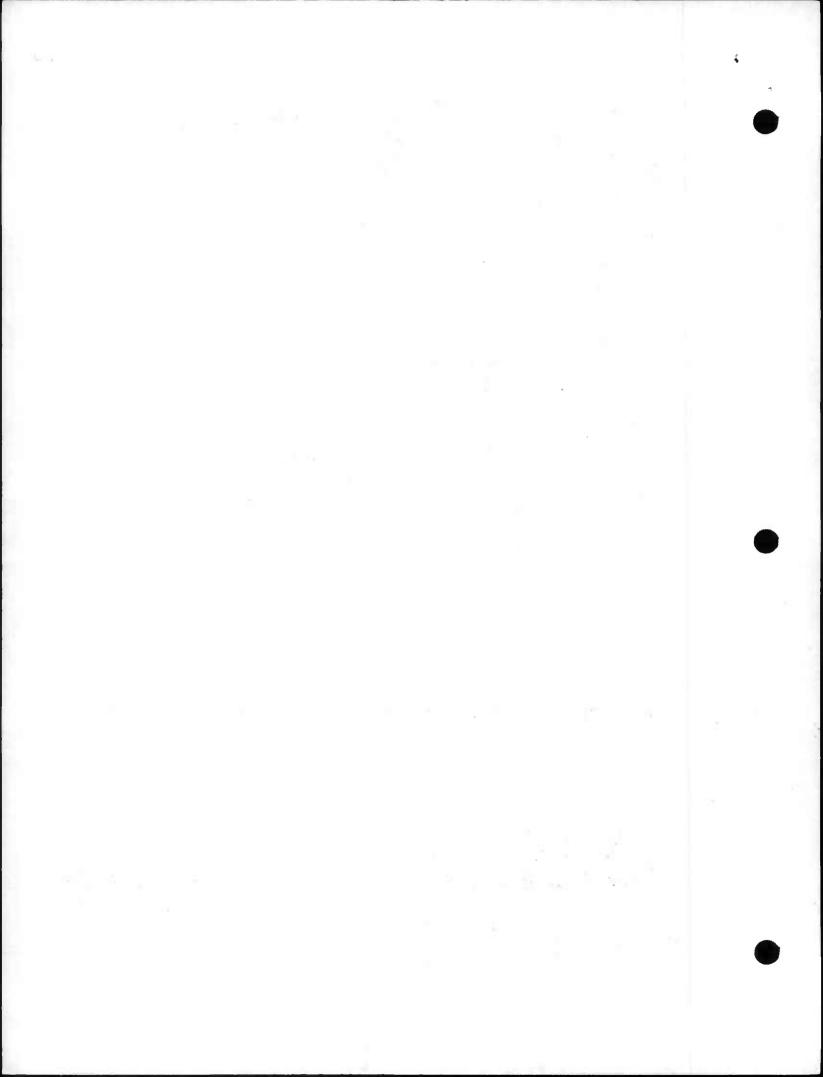
		1 - STATE REGISTRAR		SIALE UF I	WANTL			ICATE				MENIA	REG. NO.	Ŀ		
		1. DECEDENT'S NAME (First, Mid	idie, Last)		<u> </u>								OF DEATH			TIME OF DEATH
		ANNABELLE		M				DRYI	EN			OCT		199	EAR (	0030
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (	In yrs. lest b	oirthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
7/225		213-05-1968		1 🗆 M 2 🙀 F	7	8	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 2—10—16		Country)	
-		9a. FACILITY NAME (If not institut	tion, give st	reet and number)				9b. CITY,	TOWN C	OR LOCATI	ON OF DE		2-10-10	9c. COUNTY	OF DEAT	гн
	8	PENINSULA RE	GTONA	AL MEDICA	AT. CE	ENTER		SZ	TTC	BURY				TATE CO	MTC	
F9(3)	5	RESIDENCE OF DECED	ENT		- L									WICC		
- 1	DIRECTOR	100	b. COUNTY	( '		4		Y, TOWN O							10	Id. INSIDE CITY LIMITS?
permit		Maryland Wo	orces	ster Jan	1215	el	РО	comol								YES 2 NO
it per	HA	32301 Rehobe	o∔h T	lond.					101	ZIP COD				100		AT COUNTRY?
DZO physician. burial-transit	FUNERAL	11. MARITAL STATUS	ECII I	12. WAS DECEDEN	IT EVER IS	ALLIC ADM		100			851				JSA	
physician burial-trar		1 Never Married 2 X Mar	rled	FORCES? 1	YES	2 NO			yes, sp	ecify Cuba	n, Mexica	n, Puarto	N? (Specify Yea Rican, etc.)	or No- 14	Black, V	American Indian, Vhita, atc.
	B	3 Wildowed 4 Divorced		IF YES, GIVE V	MAR OR DA	ATES		'	☐ YES	27 NO	Specify	/:			Specify:	WHITE
ND Z 1Z 1S-00ZO hospital or attending physic ached for use as the burial ce.	요	15. DECEDE (Specify only hig						USUAL O				160	b. KIND OF BUS	INESS/INDUS		WITTE
al or for us	ᄪ	Elementary/Secondary (0-12)	riest grade	College (1-4 or 5	+)	life. D	o NOT u	work done o se retired.)	unng mo	IST OF WORKI	ng					
AND he hospit detached	Į Į	11				Home	mak	er								
4 a a a	COMPLETED	17. FATHER'S NAME (First, Middle	, Last)							18. MOT	HER'S NA	ME (First,	Middle, Meiden	Surname)		
8 6 6 6	BE (	Columbus W. N	<u> </u>	X						A	nnie	E11	is			
₹ sh tai ▶	0	19a. INFORMANT'S NAME (Type/I	Print)			19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Poute Nun	iber, City or Town	n, State, Zip Co	de)	
(D) (C)	-	Robert L. Di	cyden			32	301	Reho	bet:	h Rd	., P	ocom	oke, M	d. 21	851	
Page 6 may be ral director, page iner must be ra		20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremetion	3 🗆 Remo	oval trom State	cem	PLACE AN	atory or o	ther plecel				DAT		CATION - CIT		
0 0		4 Donaflon 5 Other (Spe			Re	hoboth	Pre	sbyte	rian	Cerret	ery	10/	20 Reho	beth,	Mary	/land
death. Pag tuneral di tuneral di tuneral di		21. SIGNATURE OF FUNERAL SE	PRVICE LIC		0					n Fu			me			
9 8 9		Senti	2	me	see	7							ke, Md	. 218	51	
S 7 5		23. PART i. Enter the disea	ees, or c	omplications the	t ceused	the dest	h. Do	not enter	the mo	de of dy	ing, euc	h ss cer	disc or respi	ratory errest	,	Approximete
5 - 9		IMMEDIATE CAUSE (Finel	ranure. I	Liet Only Dile Cet	uee Oil e	ecn line.										Onset and Death
with pletely fille cremation, rent, the		disease or condition resulting in deeth)		HYPERI	ENSI	VE C	ARD:	IOVAS	CUL	AR DI	SEAS	SE				YEARS
ted with no completely filled ial, cremation, o						CONSEOU			000		In Print Street A. Alle	- dead	-			
executed and common burial, matic events	ᇗ	Sequentielly list conditions		D												
te be execut sician and c prior to buri	CATION	if any, leading to immediat cause. Enter UNDERLYING	e	DUE TO	(OR AS A	CONSEOU	ENCE O	F):								
e phy	[ 유	CAUSE (Diseese or injury	4	DUE TO	OR AS A	CONSEQU	ENCE O	E)·								-
S die di	RTIF	thet initieted events resulting in death) LAST		302 10	(011 70 7		LIVOL O	, ,.								
- 5 5 5	S			d		-										<del> </del>
	AL	PART II. Other significent of	ondition	s contributing to	deeth b	ut not rec	ulting	In the un	derlyln	g ceuse	given in	Pert I.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
J - 0 = 10	$  \circ  $												1 TYES 2		CI	OMPLETION OF CAUSE F DEATH?
requires been sign of Heal	MED								_						1	YES 2 NO
he law requires that has been signed to be Dept. of Health a		DID TOBACCO	USE	CONTRIBUT	E TO	CAUS	E O	F DEA	TH	YES [	N					
	SICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?	EDICAL	HOSPITAL:						ACE OF D	EATH (Ch	eck only o	ne)			
PHYSICIAN: The this certificate with the State	YSI	1 X YES 2 □ NO		1 Inpatient 2	ER/Outp	etlant 3 X	DOA	OTHER		10 5 □ Re	sidence	6 🗆 Oth	er (Specify)			
PHYSIC this ce with ti	РНУ	27. MANNER DF DEATH  1 X Natural 5 Pen	dlaa	28e. DATE OF (Month, D			28b. TIN	JURY		PRK?		28d. DE	SCRIBE HOW II	NJURY OCCUP	ED	
	В		atigation					M		YES 2	ND					
ATTENDING ECTOR: After s after death	ED	3 Suicide 8 Cou	ld not be rmined	28a. PLACE C building,	of INJURY atc. (Spec	— At home	e, term,	street, fect	ory, offic	8		281. LO	CATION (Street a or Town, State)	nd Number or	Aurai Aou	te Number,
DR ATTENDING DIRECTOR: After nours after death	E													_		
	7		NG PHYSIC	CIAN: To the best of	my knowi	ledge, deati	h occum	red at the ti	me, date	and place	, and dua	to the ca	use(a) and men	ner as stated.		
THE HOSPITAL THE FUNERAL flied within 72 I	COMPL	one) 2 MEDICAL	EXAMINE	R: On the basis of a	xamination	n and/or Inv	restigation	on, in my o	pinion, d	leath occur	red at the	time, dat	e and place, an	d dua to the c	ause(s) a	nd manner as stated,
HE FU		29b. SIGNATURE AND TITLE OF	CERTIFIER							29c. LICI	ENSE NUR	ABER		29d. DATE S	IGNED (M	onth, Day, Year)
TO THE HOSPIT TO THE FUNER DE filed within 7	3B C	John 50	53	Uscly.	m.0	) - I	DEPU	TY M	.E.	DC	3599	)		DOC!	r. 1	7, 1994
	5	30. NAME IND ADDRESS OF PE					27) (Type	, Print)								
		JOHN T. BULKE		M.D., 1	08 P	INE E	BLUE	F RO	AD,	SALI	SBUF	RY, I	MARYLAN	ID, 218	301	
	n	31. DATE FILED (Month, Day, Year,	1994	32. REGISTR												
	10	00131	1334	7 Bulion	O small	um-Ra	عمامه	4								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			CERTIF	ICALE	: UF	UEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						1058	MONTI	OF DEATH	NY .	YEAR 3	. TIME OF DEATH
113	Duane Lamar  4. SOCIAL SECURITY NUMBER	Doss							ember	4	1994	5:50 Pm
į,	212 - 86-2519	5. SEX	6. AGE (in yrs.		IF UNDER	1 YEAR DAYS	HOURS MIN.	7. DATE (Mont/	OF BIRTH Day, Year) 7 1 9	200	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st		25	) ma.					/ 19			nsylvania
œ	The second secon						OR LOCATION OF D	EATH			INTY OF DEA	
DIRECTOR	1955 Running Bi	OOK DE	ve		wes	stm.	inster				arro	1.1.
2	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCA	TION				10	Dd. INSIDE CITY
	Maryland Cari	coll		We	stmi	ins	ter				1	LIMITS?
AL	10e. STREET AND NUMBER					10	r. ZIP CODE			10g. CI1	TIZEN OF WHA	AT COUNTRY?
<b>5</b>	1955 Running Br	cook Dri	ve				21158			Un	ited	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13. \	WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yea	or No-	14. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					S 2 NO Specif		noun, etc.)		Specify:	white
	15. DECEDENT'S EDUC	ATION	160	DECEDENT'S	Hellar or	CHIDAT	ON .	100	WWD 07 DU			WILLE
Ë I	(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kind of life. Do NOT us	work doos a	during m	ost of working	180.	KIND OF BUS	INESS/IN	DUSTRY	
급	Charmentally/Secondary (0-12)	College (1-4 or 5+)		forem	an				onstr	cuct	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, I	fiddle, Malden	Sumame)		
BE C	Dale Doss						Nancy	F	ergus	son		
TO B	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural	Route Numb	er, City or Town	n, State, Zi		21158
F	Nancy Jones			1955	Rur	nni	ng Broo	k Dr	ive,	Wes	tmins	ster, MD
	20a. METHOD OF DISPOSITION 1 □ VBurial 2 □ Cremation 3 □ Ramo	oval from State	20b. PLAC	CE AND DATE	OF DISPOS	ITION (N	eme of 11/8	/9 PAT	20c. LO	CATION -	- City or Town	, Stata
	4 Donation 5 Dother (Specify)		St.		15 (	lem	eterv		Sil	lver	Run	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		44			ND ADDRESS OF FA		TY		11	
	Katherine	Pritto.	- Aux	ther			ts Fune					ster, MD
	23. PART I. Enter the diseases, or c	omplications that	caused tha	death. Do i	ot anter	tha mo	ode of dying, aud	h as card	lac or respi	ratory a	rreat,	Approximate
- 1	shock, or heart fallure. I IMMEDIATE CAUSE (Final	List only one caus	se on each ii	ine.								Onset and Death
	disease or condition	Self	1 1011	cted	our	1 8	hot wou	nd				
- 1			OR AS A CON				100 1100	11111				!
χl	Sequentially list conditions,											
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	SEQUENCE O	P)							1
윤	CAUSE (Disease or Injury	DUE TO A	OR AS A CONS	SEQUENCE O	El-							
Ē	that initiated events resulting in death) LAST	sac to t	on ha a com	neddenije d								i l
CERTIFICATION		L	-					100				1
	PART II. Other significant condition	s contributing to	death but no	t resulting	in the un	derfyin	g cause given in	Part I.	24s. WAS AN PERFOR			ERE AUTOPSY PINOINGS MALABLE PRIOR TO
EDICAL									1 YES 2		0	OMPLETION OF CAUSE
8										-	100	□ YES 2 □ NO
PHYSICIAN: M	DID TOBACCO USE	CONTRIBUT	E TO CA	AUSE O	F DEA	TH	YES N	0 🗆			n,	/a
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LAGE OF DEATH (C)	mack only on	n)			
YS.	1 X YES 2 □ NO	1 🗆 Impatient 2 🗆		3 🗆 DOA	4 Mun		ne SX Residence	∉ □ Othe	(Specify)			
표	27. MANNES OF DEATH 1  Natural S Pending	26s, DATE OF I			URY		JURY AT	38d. DES	CRIBE HOW IF	NUMBY OC	COURED	
BĄ	2 Accident Investigation	11/4/9		5:5	No. of Concession, Name of Street, or other Designation, Name of Street, Name		YES 2 XNO	_	THE RESIDENCE OF THE PARTY OF	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	-	flicted
ED	3 X Suicide Could not be 4 Hamicide determined	38e. PLACE Of building, s	HL (Specify)	home, farm,	street, facts	ory, attic	ie .	381, LOC	ATION (Torest a or Town, State)	ind Numbe	er or Plural Plou	fer Number
4	/ /	<del>-</del>										
BE-COMPLET	(Check only one)	CIAN TO Professe of	my knowledge,	death occurs	ed at the ti	ime, date	and place, and due	to the cou	se(x) and man	mer as sta	med.	
8/1	00 80 111		amination and/	or investigation	e, in my o	pinion, o	death occured at the	time, date	and place, an	d due to t	file cause(s) a	nd manner as stated.
<u>~</u>	296. SIGNATURE AND TITLE OF CHROTIFIER	(/_>	XX				29st LICENSE NU	миен		29d. DA	TE-SIGNED IN	11001
0	recount	toul	121	)			D05905	)		14	No	74
	Dichard Tonas											-/
	Richard Jones	MD Car	LOTI	coun	cy 6	en	eral Ho	spit	al, V	vest	mins	cer, MD
- 1	" NOV 0 9 1994 Ju	A DEWELSON	Royl-11									
		/	an entered									



DIRECTOR

FUNERAL

BY

Ħ

COMPL

9

notified at

be

must

the medical examiner

or other traumatic event,

shows any

23

marked,

69

28

item

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

Nayne

**NOV 10** 

31. DATE FILED (Morkh, Day, Year)

30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

Biorbaum

134

32. REGISTRAR'S SIGNATURE Julia Davideor Rardall

awensil/a

removai

ō

cremation,

burial-transit

the

page 5 should be detached for use as

funeral director,

completely filled in by the

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

FOR STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OFATH NOV. 6 1994 MARY E. JOHNSON DAVIS М 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign APRIL 10 1921 MONTHS DAYS MARYLAND 218-16-3357 1 M 2 KF 73 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LOTHIAN 5230 SANDS ROAD ANNE ARUNDEL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL MARYLAND LOTHIAN XXYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5230 SANDS ROAD 20711 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2-IF YES, GIVE WAR OR DATES 1 Never Married 2 Married if yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 N NO Specify: 3 Wildowed 4 Divorced BLACK 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done lile. Do NOT use retired.) st of working Elementary/Secondary (0-12) College (1-4 or 5+) SOME ONE ELSE HOME 8th DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) LOUIS GRIFFIN FLORENCE SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES L. JOHNSON 5230 SANDS RD. LOTHIAN, MD. 20711 20a. METHOO OF DISPOSITION
VXSurtal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State MOSES CEMETERY 11/11/94 DRURY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. Nees Q 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. Liet only one cause on sech line. Approximate interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition Luns Can car 8 months resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initieted events reaulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Emphasema 1 ☐ YES 2 ☐ NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL . 1 NES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 PResidence 8 ☐ Other (Specify) 27. MANNER OF OEATH 28b. TIME OF INJURY 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 🕅 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 038563 11/8/94

Rel

Nes

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 urs after death.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

executed with burial, and prior to the attending physician Mental Hydiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be Hygiene een signed by the has been s Dept. of H this certificate h of. DIRECTOR: After the hours after death v TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT; If II

DHMH-16 Rev 1/89

Mn

BALTIMORE, MARYLAND 21215-0	death. Page 6 may be retained by the hospital or attending	financial director, name 5, chould be detached for use as the
	ours after o	od in hy the
	D	N fills
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending	DIDECTION After this cartificate has been closed by the attendion physician and completely filled in by the financial diseases E chauld be detached for use as the

burial-transit permit. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E		
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	Roy Hubert Dean					November		PEAR Q4	2:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.	BIRTHPLA	ACE (State or Foreign
	212–12–9042 9s. FACILITY NAME (If not institution, give str		78 YRS.	Sh CITY TOWN C	HOURS MIN.	Sept. 22, 1	916 1		
DIRECTOR	Lorien Riverside	·	- 1	Belcam				rford	
Ë	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10	d. INSIDE CITY
	Maryland	Harford	Abe	erdeen				1 [	LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHA	T COUNTRY?
<u> </u>	3618 Churchvil				21001		1	U.S.A	A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	Black, W	American Indian, hita, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O			2 NO Specify			Specify:	
	15. OECEDENT'S EDUC	CATION	18a. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	INCOS/INDUS	Whit	te
COMPLETED	(Specify only highest grade ( Elementary/Secondary (0-12)	Coffege (1-4 or 5+)		ork done during mo		IOU. KIND OF BOX	31142337114003	1111	- 1
립	7	0	Truck d	river		Oil	Compan	V	- 1
S S	17. FATHER'S NAME (First, Middle, Last)		32,0071		18. MOTNER'S NA	ME (First, Middle, Meiden	-	-	
BE C	James Moses I	Dean			Susi	e Chinault			
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tow	n, State, Zip Co		
F	Mrs. Margaret De	ean	3618 0	Churchvi	lle Road	d, Aberdeer	n, Mar	yland	d 21001
	20a. METHOD OF DISPOSITION  1 Strial 2 Cremation 3 Remo	oval from State 20b	PLACE AND DATE OF	DISPOSITION (Ne	me of	OATE 20c. LO	CATION — CIT		
	4 Donation 5 Other (Specify)		t. Paul s				perdee	n, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		Tarrin	D ADDRESS OF FA	Funeral Ho	ome. P	.A.	
	Karw K.	Littera	nni			land 2100			
	23. PART I. Enter the diseases, or contained anock, or neert fellure. L	omplications that cause	d the deeth. Do no	ot enter the mo	de of dying, auc	h as cardlec or respi	retory arres	t,	Approximete
	IMMEDIATE CAUSE (Finel	and course on a	1 7	/	100	+0.,			interval Between Onset and Death
	diseese or condition resulting in death)	. (TV)	t to	cepu	alopo	eras			<u> </u>
		DUE TO (OR AS	CONSEQUENCE OF)	. b-	9 6	0			
ON	Sequentially list conditions,	Cavon	CONSEQUENCE OF	nayu	unia				
AT	If any, leading to immediate cause. Enter UNDERLYING	PAI							i l
E	CAUSE (Disease or injury that initieted events	DUE TO OH AS	CONSEQUENCE OF)	:					
CERTIFICATION	resulting in death) LAST	1011	1						
	PADT II Other significant conditions	6,701				20.1			
SAL	PART II. Other significent conditions	contributing to deeth of	ut not resulting in	the underlying	j cause given in	Part I. 24s. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC						1 YES 2	□ NO		MPLETION OF CAUSE OEATN?
Σ	DID TOBACCO USE C	ONTRIBILITE TO	CALISE OF	DEATH V	ES   NO			1 [	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	OITIKIBUIL 10	CAUSE OF			<u> </u>			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	netlant 3 [] DOA	отнея:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify)  28d. DE\$CRIBE NOW I	NJURY OCCU	RED	
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJU	M 1 .	RK7 'ES 2 NO				
- 1	2 Accident Investigation 3 Suicida 8 Could not be	28s. PLACE OF INJURY building, stc. (Spec	At home, farm, st	reat, factory, offic	1	281. LOCATION (Street		Rural Rout	e Number,
E	4 Homicide determined	Sullang, atc. (Open	A1 Y)			City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and mar	nner as stated		
NO.		R: On the basis of examination							nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	4	10		29c. LICENSE NUI	WBER /	29d. DATE S	SINED (M	onth, Ded, Year)
) BE	# 1-1	is M	()		Don	661	D 6	111	1961
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, )	Print) / 1	2	,	U	-	INT
	1 Thee	MID	307 5.	Unw	ou A	De Hai	mp a	de	Graves
i	31. DATE FILED (Month) Day, Year) NOV 1 4 1994	32. REGISTBAR'S GIGN	ATURE		7				
	NUV 1 4 1334	Jana wango	woodely						

Kir

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE O	F DEAT	H	RE	G. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)					- 1	2. DATE OF DE	ATH		YEAR	3. TIME OF OEATH
	TAMMY D	ORSEY				N	OV. 12			YEAR	9:15pm м
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS. 7	7. DATE OF BIR	TH		S. BIRTI	IPLACE (State or Foreign
	217-70-5042	□ M 2 KNF 34	YRS.	MONTHS DAY	HOURS	MIN. A	PRIL 4	19	60 l	MAR	YLAND
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	N OR LOCATION					NTY OF D	
DIRECTOR	MERIDIAN NURSING HO		EEK	ANNAPOI		on or other					ARUNDEL
입	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
E	5777	ARUNDEL		POLIS							LIMITS?
	10e. STREET AND NUMBER	AKONDEL	AMMA	10012				_			VES 2 NO
FUNERAL	1818 E. COPELAND ST	TREET			21401				US.		WHAT COUNTRY?
5		. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS 0	ECENDENT O	F HISPANIC	ORIGIN? (Spe	city Yee	or No-	14. RACI	E — American Indian,
BY F	1XX Never Married 2  Married 3  Widowed 4 Divorced	FORCES? 1 YES			ES 2 XXIO	Specify:	Puerto Rican, a	etc.)		Speci BLA	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON npleted)	16a. DECEDENT'S (Give kind of	work done during	TION most of working	9	16b. KIND	OF BUS	INESS/IND		OK .
ш	Elementary/Secondary (0-12)	college (1-4 or 5+)	Ille. Do NOT us								
₽	12th		HOUSEKE	EPING			MA	RYL	AND :	INN	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAME	E (First, Middle,	Maiden 3	Surname)		
BE	JAMES DORSEY, SR.				AL	VA RE	YNOLDS				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	of and Number	or Rural Rou	ite Number, City	or Town	, State, Zip	Code)	
-	ALVA R. HANDY		1500	CLIFTVI	EW AV	E. BA	LTIMOR	Ε,	MD.	2121	3
	20a. METHOD OF DISPOSITION 1525 Surial 2 Cremation 3 Ramoval	trom State	b. PLACE AND DATE	OF DISPOSITION	Name of		DATE 2	20c. LOC	CATION —	City or To	rwn, State
	4 Donetlon 5 Other (Specify)	Al	NNAPOLIS	MEM. GA	RDENS	11/1	7/94	ANN	APOL:	IS,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	IEE		22. NAME	AND ADDRES	S OF FACIL	JTY				
	+HORDY M	1 ee	20				ORTUAR			21/	0.1
$\dashv$	23. PART I. Enter the diseases, Dr cDm	inlications that cause	ed the deeth Do a	821	WEST 3	51. A	NNAPOL	ılo,	MD.	214	
	ehock, or heart fellure. List	only Dne ceuee Dn	each line.	inc eurei frie i	A dyn	ng, such a	as cardiec Di	rrespii	atory srr	est,	Approximata interval Between
- 1	IMMEDIATE CAUSE (Fine) disease or condition	hay 12-1	Lance	1-1	-hi		C /				Onsat and Deeth
1	resulting in death) = a.17	Cyll Loa	A CONSEQUENCE OF	e ue	Mu	ky u	mal	101	we		years -
_		1 DOE TO (OH AS	A CONSEQUENCE OF	r);			U				
CERTIFICATION	Sequentially liet conditions, b	DUE TO (OR AS	A CONSEQUENCE OF	ค:							
¥	if sny, leading to immediate ceuse. Enter UNDERLYING										ĺ
윤	CAUSE (Disease or Injury thet initiated evente	DUE TO (OR AS	A CONSEQUENCE OF	F):							1
E	resulting in deeth) LAST										
씽	0										
PHYSICIAN: MEDICAL	PART II. Other significent conditions co	ontributing to death	but not resulting	n the underly	ing ceuse g	iven In Pe		MAS AN	AUTOPSY MED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8								YES 2			COMPLETION OF CAUSE OF DEATH?
₩.											1 YES 2 NO
ž	DID TOBACCO USE CONTRIB	UTE TO CAUSE (	OF DEATH YE	S NO	☐ UNCI	ERTAIN					
<u>₹</u> ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT								
)S		OSPITAL: ☐ Inpetient 2 ☐ ER/Out	Ipstient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Red	eldence 8	Other (Speci	ify)			
Ĕ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. I	NJURY AT		8d. DESCRIBE		JURY OCC	CURED	
NI NI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		WORK? YES 2	NO					
À	2 Accident Investigation 3 Suicide s Could not be	28e. PLACE OF INJUR	Y — At home, term, s	treet, factory, of	fice	21	St. LOCATION (	(Street ar	nd Number	or Rural F	Route Number.
ETED	4 Homicide determined	building, etc. (Spe	эспу)				City or Town	, State)			
3	20. CERTIFIER 1 CERTIFYING PHYSICIAN	. To the heat of my know	wledge death cover	d ed Abe Alice d				-			
COMPL	Check only  Check only  MEDICAL EXAMINER: OF										
8/		4	A	n, in my opinion				ace, and			
HH.	2 SIGNATURE AND TURAE OF CERTIFIER	11. 0			29c LICE	NSE NUMBE	7		29d, DATE	SIGNED	(Month, Day, Year)
2	20 WANE AND ADDRESS OF PERSON	MA	- V		$1 - \mathcal{V} I$	(0)	2		- /	65	194
	30 NAME AND ADDRESS OF PERSON WHO CO	MIPLETED CAUSE OF DE		SV cod	A 1	Dalan	b. Or	h	02	100	
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	ريان ان	V 7 .1	MAIC	APOIV,	)   1	UL	140	1
	NOV 1 5 199	32. REGISTRAR'S SIGN	widear Rando	14							

,  FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATI	E OF	DEATH	REG	NO.		
- U	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEA	ГН		3. TIME OF DEATH
- 8	ERMA WEIMER DAVI	IS						NOV 9 1	994	YEAR	18:19 PM
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AG	E (In yrs. last	birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		8. BIRT	THPLACE (State or Foreign
		□ M 2 XXF 8	7	YRS.	MONTHS	DAYS	HOURS MIN.	SEPT 7	907	Coul	W.VA.
	9e. FACILITY NAME (If not institution, give street	t and number)			9b. CITY	r, TOWN C	R LOCATION OF D	EATH	94	c. COUNTY OF	DEATH
DIRECTOR	SACRED HEART HOSPIT	ral			CU	MBER	LAND			ALLEGA	YY
IRE	10a. STATE 10b. COUNTY					OR LOCAT					10d. INSIDE CITY LIMITS?
	MARYLAND ALLEGA	ANY		CU	MBER	LAND					1XXYES 2 NO
⊼∣	10e. STREET AND NUMBER						. ZIP CODE		10		WHAT COUNTRY?
핃		PT#2					21502			U.S.	
BY FUNERAL	11. MARITAL STATUS  1	2. WAS DECEDENT EVER FORCES? 1  YE IF YES, GIVE WAR OR				If yes, sp		NIC ORIGIN? (Speci an, Puarto Rican, at fy:		Bia	CE — American Indian, ick, Whita, etc. ectly:WHITE
COMPLETED	15. DECEDENT'S EDUCAT	ION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON	16b, KIND O	F BUSINE	SS/INDUSTRY	
<u> </u>	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Givi	w kind of v Do NOT us	work done se retired.)	during mo	st of working				
2	12+2	Sollege (Ind Or 5 +)	II S	COVE	DWE	ידיא	HREAH OF	FUBLIC	ROAI	DS SE	CT.
8	17. FATHER'S NAME (First, Middle, Last)		0.5.0	30 V E	KINFIL	MI D		AME (First, Middle, M			51.
ŭΙ										· ·	
H	ASA HARMAN WEIMER  19a. INFORMANT'S NAME (Type/Print)		405	MAII INC	ADDRES			ZABETH F			
임											12-D 01-00
	LAVANGE EDWARD DAV										AND 21502
	20e-METHOD OF DISPOSITION 14 Burlal 2 Cremation 3 Remova	I from State	Ob. PLACE AI emetery, crem	ND DATE (	OF DISPOS	SITION (Na	me of	DATE 20	c. LOCAT	ION — City or	Town, Stata
	4 Donation 5 Other (Specify)	RO			ET C	EMET	ERY NOV	14 1994	RFD_	FLINTS	TONE MARYLAN
- 1	21. SIGNATURE OF FUNERAL SERVICE LIGHT	10/	10		ME	KKT1	T-ADAMS	FUNERAL	HOM	E	
	* To Valo Z.	Mark						TREET CU			ARYLAND
	23. PART I. Enter the diseases, or com	nolicatione that caus	ed the dea	th Do r							Approximate
	shock, or heart fellure. Lis	t Dnly Dns ceuse Dn	esch Ilns.			1110 1110	de or dying, suc	on the coronac or	сэрнак	ory silest,	interval Batween
	IMMEDIATE CAUSE (Finsi disease or condition										Onset end Dseth
	resulting in desth) e					PULM	IONARY D	ISEASE.			YEARS
		DUE TO (OR AS	A CONSECU	UENCE O	F):						
Z	Sequentially list conditions, b										
Ĕ	if any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE OI	F):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury										
늗	thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSECU	UENCE O	F):						
EH	d										
	PART II. Other significant conditions of	Ontributing to deeth	but not re	euitina	in the ur	nderiving	ceuse alven in	Part I 24a W	S AN AUT	mpsy 2/	1 4b. WERE AUTOPSY FINDINGS
DICAL	CONJESTIVE HEA						, g	PE	RFORME	D?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
		INT THILDR					<del> </del>	1 U Y	ES XX	NO	OF DEATH?
Σ											1 TES 2 NO
z											
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		-	OTHE		ACE OF DEATH (C)	neck only one)			
S		☐ Inpatient 2X☐ ER/O	utpatient 3	□ DOA			e 5 🗆 Rasidenca	8 Other (Specify	')		
Į Į	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year		26b. TIM	E OF	28c. INJ	URY AT	28d. DESCRIBE H	ULNI WOI	RY OCCURED	
B B	2 Accident 5 Pending Investigation				М	1 🗆 1					
- 1	3 Suicida 6 Could not be	28e. PLACE OF INJU	RY — At hom	na, ferm, a	street, fac	tory, offic	1	261. LOCATION (S		Number or Rura	i Route Number,
	4 Homicide datarmined	building, atc. (S)	овсиу)					City or Town,	State)		
COMPLETED	29a. CERTIFIER WY CERTIFYING PHYSICIA	N: To the heat of an 1:	emilede - d	Ab		4					
S I	(Check only one)										
8	2 MEDICAL EXAMINER: (	JII THE DESIGN OF EXAMINAT	non and/or in	rveatigatio	on, in my o	opinion, d	eath occured at the	time, data and pia	ce, and de	ua to tha cause	(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE CA CERTIFIER						29c. LICENSE NU	MBER	1		ED (Month, Day, Year)
	Limito	m					D33280			NOV 1	0 1994
임	30. NAME AND ADDRESS OF PEASON WHO C										
	Dr. Sunsil K. Gutpa	a 69 GREE	NE ST	REET	CUM	BERL	AND MARY	LAND 2	2150	2	
- 1	A. A. C. C. C. C. C. C. C. C. C. C. C. C. C.		*	_							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

MGV 1 0 1994

DHMH-16 Rav

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CF	ERTIF	ICATE :	OF DEA	TH	MENTA	REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last)				07112	OI DEA		2. DATI	E OF DEATH			3. TIME OF DEATH
FANNABELLE	OFFUT	Τ		DOUB			NOV	TH DA	199	YEAR	5:50 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
220-16-2506	1 - M 2 - F	87	YRS.	MONTHS D	AYS HOURS	MIN.	Mar	24m1	907	Country	YLAND
9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TO	OWN OR LOCAT	ION OF DE		3 - 1 1111		TY OF DI	
Memorial Hospi	tal			Cum	berla	nđ			A1	leg	anv
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY											
	EGANY			r, TOWN OR I							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	EGANT		L	UMBEI	RLAND	2					1 N YES 2 NO
646 WASHINGTON	CIDEET				215						HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	FVER IN II S AD	MED	12 140			UC 08101	N? (Specify Yaa		. S . F	
1 Never Married 2 Married	FORCES? 1	YES 2 XN	NO	If y	e, specify Cub	en, Maxica	n, Puarto	Rican, stc.)	or No-	Black	— American Indian, White, atc.
3 X Widowed 4 Divorced	IF FEG, GIVE VE	OH DATES		''	YES 2 X NO	Specify	,			Specif	WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCL	IPATION ng most of world		16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ng most or world	ng					
	4		UMEM	AKER				HOME			
17. FATHER'S NAME (First, Middle, Last)	UTT							Middle, Maiden			
WILLIAM R. OFF	011					NR Y		HUMBIF			
19a. INFORMANT'S NAME (Type/Print)	DOUB	191						nber, City or Town			
WILLIAM OFFUTT	DUUB	10	WAK	DE C	JUKI -	· PU	I UM	AC, ME	) 21	0854	
20e. METHOD OF DISPOSITION  1 X Burial 2 Cremaflon 3 Ramo	oval from Stafa	cemetery, cres		her place)			DAT		CATION —		Control of the contro
4 Donation 5 Other (Specify)	ENCEE	HILL	<u>CRES</u>			ARK		2/94 Cl	IMRFI	RLAN	ID, MD
Mendy 9.	Upcher	ch		GE (	2 GREE	IPCH NE	URC ST.	, CUMBE	RLAI	ND.M	ME, P.A. MD 21502
23. PART i. Enter the diseases, or c ehock, or heert fellure. I	omplications that	caused the de	ath. Do n	Dt enter the	e mode of dy	ing, eucl	h aa cer	diec or respir	etory erre	eat,	Approximate
IMMEDIATE CAUSE (Finel		e on sech line									Interval Between
disease or condition	Sur		to	57	0	1		D.		,	Onset and Death
disease or condition resulting in death)	. Seve	OR AS A CONSEC	Ter DUENCE OF	Tu to	al	La	7	Q:	46-	(	Onset and Death
resulting in death)	ı				al	La	~)	Q:	461-	<u> </u>	Onset and Death
resulting in death)	ı	OR AS A CONSEC			al	La	7)	Q:	<u>.</u> e (-	<u> </u>	Onset and Death
Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (	OR AS A CONSEC	DUENCE OF	):	al	Lu	~)	Q:	<u></u>	<	Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (		DUENCE OF	):	al	La	<del></del>	2:	1-e (-	<b>.</b>	Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (	OR AS A CONSEC	DUENCE OF	):				Q:	e l	(	Onset and Death
Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (	OR AS A CONSEC	OUENCE OF	):				24a, WAS AN PERFORI	AUTOPSY		WERE AUTOPSY FINDINGS
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (	OR AS A CONSEC	OUENCE OF	):				24a. WAS AN /	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (	OR AS A CONSEC	OUENCE OF	n the unde	riying cause			24a. WAS AN / PERFORI	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR	DUE TO (	OR AS A CONSEC	OUENCE OF	n the unde	riying cause		Part I.	24a. WAS AN / PERFORI	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other aignificant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	DUE TO (	OR AS A CONSECTION OF AS A CONSECTION OF THE PROPERTY OF THE P	QUENCE OF COUNTY OF THE YEAR	n the under	riying cause	given in	Part I.	24a. WAS AN / PERFORI	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 TYPES 2 NO	DUE TO (	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF DUENCE OF THE VE	n the under	riying cause	given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 DYES 2 NO  27. MANNER OF DEATH	DUE TO (	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF DUENCE OF THE VE	n the under	riying cause	given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED? NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 DYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO (	OR AS A CONSECTION OF AS A CONSECTION OF DEATH O	DUENCE OF  BUILTING II  TH YE.  E OF DEATI	n the under  H (Check only)  OTHER: 4   Numing  E OF   28-	UNC one)  Home 5 R C. INJURY AT WORK?	given in	Part I.	24a. WAS AN / PERFORI 1 YES 2  per (Specify) SCRIBE HOW IN	AUTOPSY MED? E NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMPLE? 1 DYES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A	DUENCE OF  BUILTING II  TH YE.  E OF DEATI	n the under  H (Check only)  OTHER: 4   Numing  E OF   28-	UNC one)  Home 5 R C. INJURY AT WORK?	given in	Part I.  8 Oth 28d. DE	24a. WAS AN / PERFORI 1 U YES 2	AUTOPSY MED? E NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1   Vies   2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   3   Suicide   8   Could not be determined	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF  COUNTY OF THE COUNT	n the under  S LICE (Check only)  H (Check only)  OTHER: 4   Nursing   E OF 28- HY M 1  treet, factory,	UN( one)  Home 5 R. C. INJURY AT WORK?  YES 2  office	given in	Part I.  8 Other 28d. DE 28f. LOC	24a. WAS AN / PERFORI 1  YES 2  ar (Specify)  SCRIBE HOW IN CATION (Street as or Yown, State)	AUTOPSY MED? NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMBLER?  1 PYES 2 NO  27. MANNER OF DEATH  1 Platural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEATH DOA 26b. TIME INJUINE, form, st	n the under  S INC Check only  OTHER: 4   Numing C OF 28- M 1  treet, factory,	UNC  One)  Home 5 R.  C. INJURY AT  WORK?  YES 2 Office	given in	Part I.  8 Othor 28d. DE  28f. LOC City	24a. WAS AN PERFORI 1 YES 2  ar (Specify)  SCRIBE HOW IN CATION (Street as or Town, State)	AUTOPSY MED? NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1   Vies   2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   3   Suicide   8   Could not be determined	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEATH DOA 26b. TIME INJUINE, form, st	n the under  S INC Check only  OTHER: 4   Numing C OF 28- M 1  treet, factory,	UNC  One)  Home 5 R.  C. INJURY AT  WORK?  YES 2 Office	given in	Part I.  8 Othor 28d. DE  28f. LOC City	24a. WAS AN PERFORI 1 YES 2  ar (Specify)  SCRIBE HOW IN CATION (Street as or Town, State)	AUTOPSY MED? NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DEATH DOA 26b. TIME INJUINE, form, st	n the under  S INC Check only  OTHER: 4   Numing C OF 28- M 1  treet, factory,	UN( one)  Home 5 R. C. INJURY AT WORK?  YES 2  office  data and place	given in	Part I.  8 Other 28d. DE  28f. Local City to the cattime, data	24a. WAS AN PERFORI 1 YES 2  ar (Specify)  SCRIBE HOW IN CATION (Street as or Town, State)	AUTOPSY MED? NO  JURY OCC  IJURY OCC  Ind Number  There as state  If due to the	24b.  CURED  or Rural Ri  ed.  e ceuse(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH    Matural   S   Pending Investigation	DUE TO ( DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF  COURSE OF COURS	n the under  H (Check only)  OTHER: 4   Nursing  OF   28  M   1  Itreet, factory,  in in my opini	UN( one)  Home 5 R. c. INJURY AT WORK?  YES 2 office  data and place ion, death occu	CERTAIN  CERTAIN  Is allowed at the	Part I.  8 Other 28d. DE  28f. LOC	24a. WAS AN PERFORI 1 YES 2  ar (Specify)  SCRIBE HOW IN CATION (Street as or Town, State)	AUTOPSY MED? NO  JURY OCC  IJURY OCC  Ind Number  There as state  If due to the	24b.  CURED  or Rural Ri  ed.  e ceuse(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dute Number, and menner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other aignificant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 DIES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	DUE TO ( DUE	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTI	DUENCE OF  COURSE OF COURS	n the under  S LIVE  OTHER: 4   Number  A   Number  OF   28-  HY   M   11  Itreet, factory,  Itreet, factory,  It in my opinit	D UN( one)  Home 5 R. C. INJURY AT WORK? YES 2 office  data and place ion, death occu	given in CERTAIN  seldence  no no no no no no no no no no no no no n	Part I.  8 Other 28d. DE 28f. Loc City to the ca	24a. WAS AN / PERFORI 1  YES 2  ar (Specify)  SCRIBE HOW IN  CATION (Street as or Yown, State)  use(a) and manual and place, end	AUTOPSY MED?  NO  JURY OCC  IJURY OCC  Ind Number  are as state  didue to the  29d. DATE	24b.  CURED  or Rural Ri  ed.  couse(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dute Number, and menner as stated.

Hospital Med. Bldg.,

Memorial

32. REGISTER R'S SIGNATURE

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permose filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV 1 4 1994

DHMH-16 Rev 1/89

Cumberland,

Z		artsit permit, Pages-f, 2, 3 should	
760. BALTIMORE, MARYLAND 21215-0020	ed with	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpit permit. Pages-1, 2, 3 should in the State Dept, of Health and Memal Hygliene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTRAN			<u>-mino</u>	CAIL	OL	DEATH	REG. N	J.		
	1. DECEDENT'S NAME (First, Middle, Last)  Ruth N Den	2007						2. OATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Ruth N Den		6 ADT 11-					1T 11	94		8:07P M
	213 40 4193	5, SEX t M 2 F	6. AGE (In yrs. les	t birthday) YRS.	MONTHS (	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/8/38		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st						OR LOCATION OF O	EATH	9c. CO	UNTY OF OE	ATH
ا ق	Memorial Hosp	pital				Cun	nberland	đ		Alle	gany
ច្ឆ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Inc CIT	Y, TOWN OR	LOCAT	TION				
DIRECTOR	Maryland Alle	egany		100.01		oer	land				10d. INSIDE CITY LIMITS? (X) YES 2 NO
FUNERAL	50 Blackiston	Ave				101	21502	2	US.		IAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2211		If y	yea, sp	ecity Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify ) n, Puarto Rican, atc.) y:	en or No—	Black, Specify	American Indian, White, alc.
	15. DECEOENT'S EDUC		16a. DE	CEDENT'S	USUAL OCC	UPATIO	ON	16b, KIND OF B	USINESS/IN		in ce
	(Specify only highest grade Elementary/Secondery (0-12)	College (t-4 or 5	His	ive kind of v Do NOT us	vork done dur se retired.)	ring mo	st of working				
COMPLETED	12			memai	ker			Own I	Iome		
ő	17. FATHER'S NAME (First, Middle, Last)		-				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
BE	Joab Loney Den	een					Mary	Elizabeth	(Ray	r)	
2	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (S	Street a	nd Number or Rural i	Route Number, City or To	wn, State, Z	ip Code)	
ř	Raymond O. Deneer	n	30	6 Fa	irvie	w D	rive; Li	titz, PA	1754	13	
ļ	20a METHOD OF DISPOSITION 1-1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cre Davis	metory or of Memo	or oispositi	ion (Na	metery	11/15 Cu		city or Tow Land,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	,011	10	SC2	arp	D ADDRESS OF FA	eral Home			
⊣	23. PART   Enter the diseases, or o	omprications tha	t caused the de	ath. Dp n					olratory a	Freet	Approximata
	shock, pr heart fellura. I IMMEDIATE CAUSE (Finel disease or condition	Liet Dnly Dne ceu	ise Dn aach line	l.			rt dise		priatory a	rout,	interval Between Oneat and Death
ł	resulting in death)	1	(OR AS A CONSEC			-	T C GIBC	.450		_	yrs
,		Diab	etes	DOLINGE OF	,.						
0	Sequentially liet conditions, if any, leading to immediate		(OR AS A CONSEC	DUENCE OF	F):						+
§	cause. Enter UNDERLYING										
	that initiated events		(OR AS A CONSEC	DUENCE DE	F):						
CERTIFICATION	resulting in death) LAST	ı,									
- 13	PART II. Other significant conditions	e contributing to	death but not r	eeuitino I	n the unde	eriviry	ceuse alven in	Pert i, 24e. WAS A	M AUTOBOV	245	VERIE AUTOPSY FINDINGS
EDICAL	Hypercholes	terolem	ia: Mi	tral	/Aor	+ i	c steno	C i C	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
	Post heart v	alve re	placem	ent.	sev	en	vears	S LS 1 TYES	NO		OF DEATH?
Σ	DID TOBACCO USE CONTR									'	YES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL	IDUIE IO CA			H (Check onl	_	UNCERIAII	<b>ч</b> Ц			
PHYSICIAN:	EXAMINER?	HOSPITAL:		V	OTHER:						
	27, MANNER OF CEATH	28a, OATE OF		28b. TIMI			e 5 🗆 Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW	IN ILIPY OF	CHRED	
	1 Netural 5 Pending	(Month, D	ay, Year)	INJ	URY	WO	RK?	Edd. DEGOTIDE NOT	INSURT OC	CONED	
À A	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE D	F INJURY — At ho	me, farm, a				28t, LOCATION (Stree	and Numbe	w or Bural Bo	ute Number
	4 Homicide B Could not be	building,	atc. (Specify)		-00 HM			City or Town, Stat	)		, and the same of
COMPLET	29e. CERTIFIER t CERTIFYING PHYSIC	CIAN: To the heat of	my knowledge de	ath occurre	ed at the time	dete	and place, and due	to the sounds and a			
⇟║								time, data end place,			and manner as stated
	29b. SIGNATURE AND TITLE OF CENTRIES				,	-	29c. LICENSE NUN				
찖	Hall		/ D==	L., 1/	- 3 D	_			29d. DA		Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	DD.	1 27) (Type	ed E	X	D 09	12/		11/	11/94
	Paul Snow, M. D	12	4 w 3rd			b M	4d 2150	2			
	31. DATE FILED (Month, Day, Year) NOV 1 5 1994	32. REGISTRA	R'S SONATHRE								

BALTIMORE, MARYLAND 21215-0020

# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

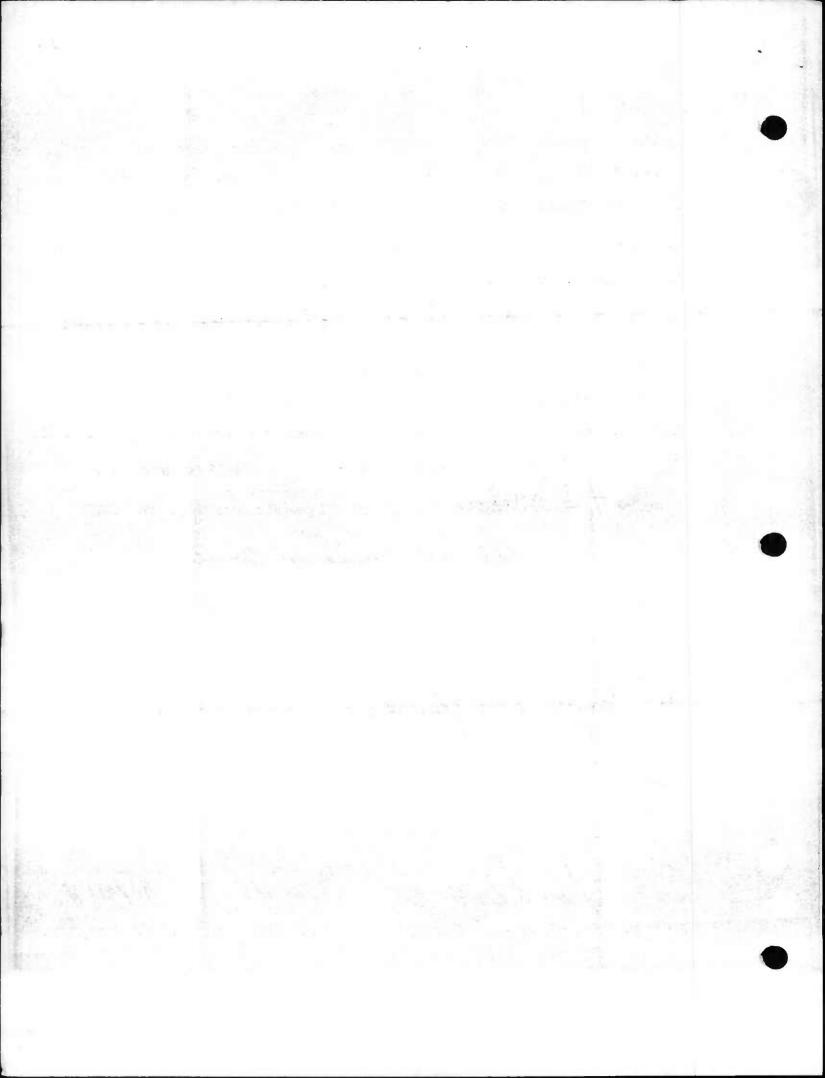
	REGISTRAR		CERI	IFICATE	OF DEATH	REC	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Las	et)				2. DATE OF DE			3. TIME OF DEAT	н
	IVA	MARIE	DOLL	GHERTY		NOVEMBE	DAY	1994	04:45	Ам
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birth		EAR IF UNDER 24 HRS.	7. DATE OF BIR	TH	& BIRT	HOI ACE (State or En	
	214 74 8267  9a. FACILITY NAME (If not institution, giv	1 M 2 1 F	91 yr	RS. MONTHS D	AYS HOURS MIN.	February,	1903	Coun	"PA	
DIRECTOR	SACRED HEART HO				IBERLAND	DEATH	9c. C	ALLE	EGANY	
입	10a. STATE 10b. COU	NTY	10c	. CITY, TOWN OR I	OCATION			· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY	,
		egany		umberla	nd				LIMITS?	
FUNERAL	Route 3 Box 184				101. ZIP CODE 21502		109.0	SA	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT B FORCES? 1 IF YES, GIVE WAR		It ye	S DECENDENT OF HISPA es, specific Cuban, Maxic YES 2 NO Spec	an, Puarto Rican, e		Spec	E — American India ck, Whita, atc.	en,
	15. DECEDENT'S E	DUCATION	16a. DECEDE	NT'S USUAL OCCL	PATION	16b. KIND	OF BUSINESS/	INDUSTRY		_
COMPLETED	(Specify only highest graves (0-12)	College (1-4 or 5+)	life. Do N	d of work done duri OT use retired.) Naker	ng most of working		n Home			
<b>∑</b>	17. FATHER'S NAME (First, Middle, Last)				16 MOTHER'S N	AME (First, Middle,	Maiden Sumanu	-)		_
	George Donoud	ghe				(Litzin		2)		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (S	treet and Number or Rural		_	Zin Code)		
5	Franklin E. Dou	gherty			ng Street;				.502	
	20a. METHOD OF DISPOSITION  1º Buriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify) □	amoval from State	20b. PLACE AND D	ATEOFDISPOSITION (OF OTHER PAUL)	on(Name of Cemetery	11/19	cumber	land	own, State MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		SCa	ME AND ADDRESS OF F	neral Ho	me			
	23. PART I. Enter the diseasea, o	7 Wille	well	-	berland, N					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause	monia		e mode or dying, au-	ch aa cardiac oi	reapiratory	arrest,	Approximation interval Be Onset and	etween
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	R AS A CONSEQUENCE	CE OF):						
EDICAL	PART II. Other significant conditions the fracture His	ons contributing to de	eath but not reault	ing in the unde	rlying cause given in	P	VAS AN AUTOPS PERFORMED? YES 2 AO	SY 248	AWAILABLE PRIOR COMPLETION OF	TO
Σ	DID TOBACCO USE CON	ITDIRI ITE TO CALL	SE OF DEATH	VEC II NO	D' HACEDTAI				1 YES 2 N	10
AN	25. WAS CASE REFERRED TO MEDICAL	INDUIE TO CAU		DEATH (Check only						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:						
¥	27. MANNER OF DEATH	28a. DATE OF IN			Home 5 Realdence	8 Other (Speci		OCCUBED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJURY	WORK?	200. DEJONIDE	now mooking	JOCONED		
	3 Suicide 8 Could not b	28a PLACE OF I	NJURY — At home, te :- (Specify)	rm, street, tactory,	offica	281. LOCATION		ber or Rural	Route Number,	
COMPLET		SICIAN: To the beat of my								
	29b. SIGNATURE AND TITLE OF CERTIF			opti						etyd.
O BE		July	uplone		29c. LICENSE NU D 33 3		29d. D	ATE SIGNED	19 4	
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CANSE	OF DEATH (ITEM 27)	(Type, Print)				-		
	DR. SUNIL GUPTA			ENUE, CU	MBERLAND,	MD 2150	2			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							



20	
<b>MARYLAND 21215-0020</b>	Books & many has appained by the franciscs or see all the second
212	
AND	the bear
ARYL	A Print
dn.	and her and
MON	9 00
BALTIMORE	Doneth Do
8	b supposed
	24 Source of

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Mic	idle, Lest)				IFICAT					REG. NO			3. TIME OF D	DEATH
	Myrtle Po	well	East							1.0		4Y 5 19	YEAR 94	0930	0
	4, SOCIAL SECURITY NUMBER		5. SEX		'In yrs. lest birthd	**	R 1 YEAR	IF UNDER	24 HRS.	7, DAT	E OF BIRTH		a. BIRTI	IPLACE (State of	
	213-42-0892A		1 🗌 M 2 🙀 F		83 YR	3. MONTHS	DAYS	HOURS	MIN.		nth, Day, Year) 28/191	1	Mars	vland	
	9a. FACILITY NAME (If not institu		et and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D		20, 131	9c, COUN			
CTOR	32931 Peach C	rchar	d Road			Po	como)	ce Ci	ty			Wore	este	er Some	rse
S C	RESIDENCE OF DECED	b. COUNTY			10c.	CITY, TOWN	OR LOCAT	TION						10d. INSIDE (	
DIA	Maryland W	orces	ster Sor	necs	et Por	comoke	a Cit	- 37						LIMITS?	
FUNERAL	10e. STREET AND NUMBER					201110711		. ZIP COD	E			10g. CITIZ	EN OF	WHAT COUNTRY	_
Ä	32931 Peach C	rchar	d Road					21851					USA		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	U.S. ARMED	13	. WAS DEC	ENDENT (	OF HISPAI	NIC ORIG	iN? (Specify Yes		14. RACI	E — American I	Indian,
	1 Never Married 2 Mar 3 Widowed 4 Divorced		IF YES, GIVE Y	MAR OR O	ATES T			2 NO			o ricen, arc.)		Spec		
	15, DECEDE		ATION	_	16e. DECEDEN	TIC HOUAL	CONTRACTO	201						White	5
H	(Specify only hig Elementary/Secondary (0-12)	hest grade c	ompleted)		(Give kind	of work done T use retired.	during mo	ost of worldi	ng	"	Sb. KIND OF BU	SINESS/IND	USTRY		
P	7		College (1-4 or 5	*'	Homos	naker									
COMPL	17. FATHER'S NAME (First, Middle	, Last)				Idker		18. MOT	HER'S NA	ME (First	, Middle, Maiden	Surname)			
ш	Rudolph Powe	11						Ste	211a	Tay	1or				
TO B	19a. INFORMANT'S NAME (Type/	Print)			19b. MAIL	ING ADDRES	S (Street a				mber, City or Tow	vn, State, Zip	Code)		
=	Joanne E. Lus	by			3293	Pead	ch Or	char	d Ro	d.,	Pocomo	ke Ci	ty,	Md. 2	2185
	20a. METHOD OF DISPOSITION  1 TBurlel 2 Cremation	3 🗆 Remov	rel from Stala		PLACE AND DA	TE OF DISPO	SITION (Na					CATION - C			
	4 Donation 5 Other (Spe				uinton	Cemet	erv			10	/18 Po	comok	e. N	/d	
	21. SIGNATURE OF FUNERAL SE	RVICE LICE	NSEE				NAMÉ AN			CILITY					
	Scrtt	5.1	Mel			1 1	JETSC	nı ru	mer	яТ П	one				
_				MA		Dr	BOY	7 64	Por	TOMO	ko Cit	L Ma	-	1051	
	23. PART I. Enter the disea	ses, or co	mpilcetions the	t ceused	the deeth. D	P(	BOX	64,	POO	como	ke Cit	y Md	est,	21851   Approx	
	23. PART I. Enter the disee ehock, or heert IMMEDIATE CAUSE (Final	ses, or co fellure. L	ist only one cer	use on e	ech line.	o not ente	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	V Md	est,	Approx	i Betwe
	iMMEDIATE CAUSE (Final disease or condition	ses, or co fellure. L	ist only one cer	use on e	ech line.	o not ente	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y Md Iratory arre	est,	Approx	i Betwe
	immediate cause (Final	ses, or co feilure. L	at only one cer	use on e Uisco	The deeth, E ech line.	Cana	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y Md	est,	Approx	i Betw
NO	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	OUE TO	USCOR AS A	ech line.  Licalit  CONSEQUENCE	Cana	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y, Md Iratory arre	est,	Approx	i Betw
ATION	immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions If any, leading to immediate	a.	OUE TO	USCOR AS A	licatil	Cana	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y Md	est,	Approx	i Betw
	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury	a.	OUE TO	(OR AS A	CONSEQUENCE	Cana  Corp.:	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y Md	est,	Approx	i Betw
RTIFI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions If any, leading to immediat cause, Enter UNDERLYING	a.	OUE TO	(OR AS A	ech line.  Licalit  CONSEQUENCE	Cana  Corp.:	r the mo	de of dy	ing, suc	h aa ce	rdiec or reap	y , Md iratory arre	est,	Approx	i Betwe
ERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. b. c. d.	OUE TO	USSICO (OR AS A (OR AS A	ech line.  Lialia  Consequence  Consequence	CAAAE OF):	is the mo	de of dy	ing, suc	Des	rdiec or reap	fratory arre	est,	Approx	i Betwe
L CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions If any, leading to immediat cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. b. c. d.	OUE TO	(OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  Ut not resulting	Canal  Corp.:  E OF):	in the mo	de of dy	ing, suc	Des	24a. WAS AN	AUTOPSY	est,	Approximerva Onset	and De
L CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. b. c. d.	OUE TO	USSICO (OR AS A (OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  Ut not resulting	CAAAE OF):	in the mo	de of dy	ing, suc	Des	rdiec or reap	AUTOPSY RMED?	est,	Approxinterva Onset	and De
MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. b. c. d.	OUE TO	(OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  Ut not resulting	Canal  Corp.:  E OF):	in the mo	de of dy	ing, suc	Des	24a. WAS AN PERFOR	AUTOPSY RMED?	est,	Approximatery Onset  WERE AUTOPS AMALABLE PRI ACOMPLETION	and De
AN: MEDICAL CERTIFICATION	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent of	a.  d.  conditiona  m.  security  f. S.	OUE TO	(OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  Ut not resulting	Canal  Corp.:  E OF):	inderlying	de of dy	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	est,	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?	and De
MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant of the cause of th	a.  b. c. d. conditiona	DUE TO  CONTributing to  Fless Is  A Leady  HOSPITAL:	(OR AS A (OR AS A deeth b	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  LACOME  LA	e orp:	inderlying	de of dy	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	est,	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?	and De
SICIAN: MEDICAL CERTIFI	Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other elgnificent of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a.  b. c. d. conditiona	DUE TO  DUE TO  Contributing to  Fless Is  A Just  HOSPITAL:    Inpetient 2	(OR AS A OR AS A OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  LACORE  LA	e of:  E of:  OTHE	inderlying  26. PL  FB: raing Hom	g couse of	given in	Part I.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b	Approximatery Onset  Were autops AMALABLE PRI COMPLETION OF DEATH?	and De
PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant of the cause of th	a.  b. c. d. conditiona	DUE TO  CONTributing to  Fless Is  A Leady  HOSPITAL:	(OR AS A deeth b	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  LACORE  LA	Canal  Corp:  E OF):  OTHE	nderlying  28. Pt. FR: rising Hom  28. INJ	g ceuse q	given in	Part I.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b	Approximatery Onset  Were autops AMALABLE PRI COMPLETION OF DEATH?	and De
BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident Investigation	a.  conditiona  ding  ding  attgetion	DUE TO  DUE TO  DUE TO  Contributing to  HOSPITAL:  Inpatient 2 [  288. OATE Of (Month, E)	(OR AS A OR AS A OR AS A OR AS A	CONSEQUENCE  CONSE	O not enter  Cara  Cara  E OF):  OTHE  OTHE  A 4   NU  TIME OF  INJURY  M	nderlying  28. PL  FR: raing Hom  28. INJ  WO 1   1	g ceuse que son son son son son son son son son son	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY RMED?	24b	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION 1 YES 2	and De
ED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Penc 2 Accident Invertible 3 Suicide 8 Coul	a.  conditiona  ding  ding  attgetion	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Fless  A Fless  A Fless  (Month, D  28e. PLACE O	(OR AS A OR AS A OR AS A OR AS A	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  AT PORT OF THE PROPERTY OF THE P	O not enter  Cara  Cara  E OF):  OTHE  OTHE  A 4   NU  TIME OF  INJURY  M	nderlying  28. PL  FR: raing Hom  28. INJ  WO 1   1	g ceuse que son son son son son son son son son son	given in	Part I.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION 1 YES 2	and De
TED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other eignificent of EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO ME EXAMINER?  1 Netural 5 Pene 2 Accident Invei 3 Suicide 8 Coul date	a.  conditiona  ding  ding  ding b.  ding	DUE TO  DUE TO  DUE TO  Contributing to  Flore Is  BOSPITAL:    Inpatient 2    28e. PLACE Of Building,	(OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A)	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  Ut not resulting  Light All home, far	o not ente	anderlying  28. PL  18	g couse of	given in	Part I.  eck only  6 Ott  28d. Oc.	24a, WAS AN PERFOR 1 VES 2  CATION (Street by or Town, State)	AUTOPSY RMED?  INJURY OCC	24b	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION 1 YES 2	and De
TED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent of EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH 1 Matural 5 Pent 2 Accident 3 Suicide 8 Coul 4 Homicide date	a.  b. conditiona  ding  stigetion  id not be  mined	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Level  A See. OATE OF  (Month, C)  28e. PLACE C  building,  AN: To the best of	(OR AS A (OR	ech line.  LUALIA CONSEQUENCE CONSEQUENCE  CONSEQUENCE  LUT NOT resulting  LUALIA  LUALIA  CONSEQUENCE  CONSEQUENCE  LUALIA  L	o not entered on the original of the original of the original of the original origin	nderlying  28. Pt.  raing Hom  28c. INJI  WO  1   1   VI	g couse (	given in	Part I.  Seck only  6 Ott  28d. Oc.  10 the c	24a, WAS AN PERFOR 1 VES 2  CATION (Street by or Town, State)	AUTOPSY RMED?  INJURY OCCI	24b UREO or Rural Is	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?  1 YES 2	and De
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pent 2 Accident 3 Suicide 8 Coul 4 Homicide date  29a. CERTIFIER (Check only One) 2 MEDICAL	a.  b. conditiona  ding stigetion id not be mined  NG PHYSICI EXAMINER	DUE TO  DUE TO  DUE TO  Contributing to  Flore Is  BOSPITAL:    Inpatient 2    28e. PLACE Of Building,	(OR AS A (OR	ech line.  LUALIA CONSEQUENCE CONSEQUENCE  CONSEQUENCE  LUT NOT resulting  LUALIA  LUALIA  CONSEQUENCE  CONSEQUENCE  LUALIA  L	o not entered on the original of the original of the original of the original origin	nderlying  28. Pt.  raing Hom  28c. INJI  WO  1   1   VI	g couse of the court of the cou	given in  EATH (Ch	Part I.  eck only  6 Ott  28d. Ott  lo lhe c  time, da	24a, WAS AN PERFOR 1 VES 2  CATION (Street by or Town, State)	AUTOPSY RMED?  INJURY OCCI	24b UREO or Rural Is	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?  1 YES 2	SY FINDINGOR TO OF CAUSE
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent of EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH 1 Matural 5 Pent 2 Accident 3 Suicide 8 Coul 4 Homicide date	a.  b. conditiona  ding stigetion id not be mined  NG PHYSICI EXAMINER	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Level  A See. OATE OF  (Month, C)  28e. PLACE C  building,  AN: To the best of	(OR AS A (OR	ech line.  LUALIA CONSEQUENCE CONSEQUENCE  CONSEQUENCE  LUT NOT resulting  LUALIA  LUALIA  CONSEQUENCE  CONSEQUENCE  LUALIA  L	o not entered on the original of the original of the original of the original origin	nderlying  28. Pt.  raing Hom  28c. INJI  WO  1   1   VI	g couse of the court of the cou	given in	Part I.  eck only  6 Ott  28d. Ott  lo lhe c  time, da	24a, WAS AN PERFOR 1 VES 2  CATION (Street by or Town, State)	AUTOPSY AMED?  INJURY OCCI and Number of	24bb UREO or Rural H	Approximerva Onset  WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?  1 YES 2	SY FINOIN ION TO OF CAUSI
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident Invest 3 Suicide 8 Coul 4 Homicide date  29a. CERTIFIER (Check only One) 2 MEDICAL	ding attgetton lid not be milned  EXAMINER.	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to   Fless  A See Class  HOSPITAL:  1 Inpatient 2  28e. PLACE OF  (Month, C)  28e. PLACE OF  building.	(OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A (OR AS A	consequence consequence consequence consequence consequence ut not resulting file and the consequence attent 3 Do. 28b.	onot ente	nderlying  28. Pt.  raing Hom  28c. INJI  WO  1   1   VI	g couse of the court of the cou	given in  EATH (Ch	Part I.  eck only  6 Ott  28d. Ott  lo lhe c  time, da	24a, WAS AN PERFOR 1 VES 2  CATION (Street by or Town, State)	AUTOPSY AMED?  INJURY OCCI and Number of	24bb UREO or Rural H	Approximerva Onset  Were Autops AMALABLE Pri COMPLETION OF DEATH?  1 YES 2	and De Sy Finoin OF Caus
ED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pene EXAMINER?  2 Accident 3 Suicide 8 Coul 4 Homicide 8 Coul 4 Homicide 8 Coul 29s. CERTIFIER (Check only one) 2 MEDICAL  29b. SIGNATURE ANO TITLE OF  30. NAME AND AOORESS OF PE	ding attigation and not be milined  NG PHYSICI EXAMINER. CONTIFIER  RISON WHO	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Leve As  Completed 2  28e. OATE OF  MOSPITAL:  1   Inpatient 2  28e. OATE OF  Month, 6  28e. PLACE OF  building,  AN: To the best of a	(OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A	CONSEQUENCE  CONSE	on not entered the composition of the composition o	nderlying 28. PL R: raing Hom 28. INJ wo 1   V	g ceuse of Cours	given in  EATH (Ch isidence  NO  and dua red at the	Part I.  eck only  6 Ott  28d. Ott  28f. LC  Ch  will be c	24a. WAS AN PERFOR 1 YES 2  CATION (Street y or Town, State)  PURPLE STATE OF TOWN, State)	AUTOPSY TIMEOT  INJURY OCCI  and Number of the day of t	24bb  UREO or Rural II  cause(s	Approximerva Onset  Were Autops AMALABLE PRI COMPLETION OF DEATH?  1 YES 2  (Month, Day, Ye 3// Pri	and Date and
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	enock, or heert iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent of EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident Invest 3 Suicide 8 Coul 4 Homicide date  29a. CERTIFIER (Check only One) 2 MEDICAL	ding attigation and not be mined  NG PHYSICI EXAMINER. CONTIFIER  RISON WHO  FORD,	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Leve As  BLANCE OF (Month, D.  28e. DATE OF (Month, D.  28e. PLACE OF building,  AN: To tha best of a complete of a compl	(OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A	ech line.  ALLALIA CONSEQUENCE	on not entered the corp.  E OF):  E OF):  OF HE OF INJURY M  Mm, street, fed the stion, in my  po, Print)  NO ME	nderlying 28. PL R: raing Hom 28. INJ wo 1   V	g ceuse of Cours	given in  EATH (Ch isidence  NO  and dua red at the	Part I.  eck only  6 Ott  28d. Ott  28f. LC  Ch  will be c	24a. WAS AN PERFOR 1 YES 2  CATION (Street y or Town, State)  PURPLE STATE OF TOWN, State)	AUTOPSY TIMEOT  INJURY OCCI  and Number of the day of t	24bb  UREO or Rural II  cause(s	Approximerva Onset  Were Autops AMALABLE PRI COMPLETION OF DEATH?  1 YES 2  (Month, Day, Ye 3// Pri	and De SY FINDING TO OF CAUS



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physicial	after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundary be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to bundar, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-imoval.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

tal or attending physicial for use as the burial-re-

FOR

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH	
	MARIE. FRANCES	E.I.CHHORN	1			NOVEMBER	AY AA A	YEAR 1994	M	
	4. SOCIAL SECURITY NUMBER 5. S		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14, 1		ACE (State or Foreign	
	213014749	M 2 1 F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1011	Country)		
	9e. FACILITY NAME (If not institution, give street a	nd number)	00	9b. CITY TOWN C	R LOCATION OF DE	APRIL 21,	1911	MAI-	RYLAND	
œ	MANOR CARE RUXTON	1 5527					11 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
읽	RESIDENCE OF DECEDENT			10	WSON		BALI	IMORE		
Ĕ l	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION		_	1	ed. INSIDE CITY	
DIRECTOR	MD BALTIN	10RE		TOWSON				1	LIMITS?	
7	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ		AT COUNTRY?	
8	7001 CHARLES STREE	-T			21204			LICA		
FUNERAL	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Ye		USA 14. BACE -	- American Indian,	
		FORCES? 1 YES	2XXNO	If yes, spe	cify Cuben, Maxical	n, Puerlo Ricen, atc.)		Black, \	White, atc.	
<u>A</u>	% Widowed 4 □ Divorced	, ico, dive thin on b	AILS	I I I IES	2 NO Specify			Specify:	WHITE	
	15. DECEDENT'S EDUCATIO			USUAL OCCUPATIO		16b. KIND OF BU	SINESS/INO	USTRY		
ᇤ	(Specify only highest grade composition of the comp	llege (1-4 or 5+)	life. Do NOT us	vork done during mo: e retired.)	st of working					
릴	10	0	House	EKEEPING		CROWN	CORK	& SEA	AL.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
	GEORGE A. BURKART					ANNA JENKI				
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		Toute Number, City or Tow		Code)		
Ĕ	FRANK G. BURKART		1205 \	/ILLA ISL	F CT	PASADENA.	МП	21122		
	20s. METHOD OF DISPOSITION	201	D. PLACE AND DATE				CATION — C			
	1 Donetion 5 Other (Specify)	rom State cer	metery, crematory or o		_	11/17 B	ALTIM	ORE	МП	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSE	5 -11/			D ADDRESS OF FAC		AL 1111	01 112 4	1-10	
	<b>&gt;</b> \( \)	1 11	100	CVAC	H/ROSEDAL	E FUNERAL	HOME			
_	22 DATE   STATE   100	- new	1		1211 CHES	SACO AVE	21237			
	23. PART I. Enter the diseasea, or comp ahock, or heart failure. List of	only one cause on	me death. Do r mich line.	ot enter the mo	de of dying, such	n as cardiac or resp	iratory arro	rat,	Approximate interval Between	
ŀ	IMMEDIATE CAUSE (Final	0.00	1						Onset and Death	
	disease or condition a	2008	1.8							
ľ		OUE TO OR AS	A CONSEQUENCE OF	e e	·					
Z I	Sequentially list conditions, b	Deento	you we	u ulcer infection.						
È	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS /	A CONSEQUENCE OF	NSEOUENCE OF):						
RTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	7.						
	that initiated events resulting in death) LAST	002.10 (011.70)	TOTAL OF	,.						
	d								1	
اہ	PART II. Other significant conditions cor	itributing to death b	out not resulting i	n the underlying	cause given in	Part I. 24s. WAS AN			ERE AUTOPSY FINDINGS	
	Advanced D			4		PERFO		C	MAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Mal nutrition	1. del	ydras	Ton.					F DEATH?	
	DID TOBACCO USE COL				ES   NC					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TIMIDOTE TO	CAOOL OI		ACE OF DEATH (Che					
ဗ္ဗ		SPITAL: Inpetient 2 - ER/Out	patient 3 DOA	OTHER:	5 Reeldence					
È	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM	E OF 28c. INJ		28d. OESCRIBE HOW	NJURY OCC	URED		
- 1	1 Netural 5 Pending	(Month, Day, Year)	INJ		RK? 'ES 2 NO					
B	2 Accident Investigation 3 Suicida 8 Could get be	28a. PLACE OF INJURY	/ — At home, ferm, s			28f. LOCATION (Street	and Number	or Burni Bou	ite Number	
	4 Homicide 8 Could not be determined	building, atc. (Spe	cify)			City or Town, State,			,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING DAVEICIAN.	To the heat of my heavy	de des de este escrib							
Ž	(Check only one)  CERTIFYING PHYSICIAN:  MEDICAL EXAMINER: On								and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER &		•							
8	No.	211			29c. LICENSE NUM	7997	29d. DATE	SIGNEO (M	Aonth, Day, Yeer)	
2	30. NAME AND A CORESS OF PERSON WHO CO	APLETED CAUSE OF OR	ATH (ITEM 27) (Type	Reint)	V-1		L '	1/10	17	
	KHIN M. TUN	. 100	6 Tay	tor Av	enue	Towson	ma	2/2	286.	
	31. DATE FILED (Month, Day, Year)	BEGISTRAR'S SIGN	Madlath							
	THE SOUND TO A	-	The boundary							

Acres would

And the state of t

A CONTRACTOR OF THE CONTRACTOR

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, Middle, Last)					TH	REG. NO			3. TIME OF DEATH
Charles Ash	ton Edmonds	Jr.				November	7 19	S4	7:00P
SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	In yrs. last birthday)	IF UNDER 1			7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
577-28-0304	1 × M 2 🗆 F 7	A YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) July 3 19	20	Wash	ington DC
s. FACILITY NAME (If not institution, give at	ireet and number)		9b. CITY,	TOWN OR LOCATION	ON OF DE			TY OF DE	
Anne Arundel Med	dical Center	S- 16		Annapol	is		A	nne	Arundel
LESIDENCE OF DECEDENT 10. STATE 100. COUNTY		10c. CIT	Y, TOWN OF	RIOCATION					10d. INSIDE CITY
	e Arundel	""		Shady Si	de				LIMITS?
e. STREET AND NUMBER	/ / traffact			10f. ZIP CODE			10a, CITIZ		AT COUNTRY?
1222 Linton Lan	e				764				tates
. MARITAL STATUS	12. WAS DECEDENT EVER II		13. W	AS DECENDENT O	F HISPANI	C ORIGIN? (Specify Ye		14. RACE -	- American Indian.
□ Never Married 2 □ Married  Vildowed 4 □ Divorced	FORCES? 1 SYES IF YES, GIVE WAR OR D. WWI	2 NO ATES	1	yes, specify Cubs	n, Mexican Specify:	, Puerto Rican, etc.)		Black, Specify	White, atc.
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done du	CUPATION uring most of working	10	16b. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)						
12		Consul	ting E	mgineer			gineer	ing	
FATHER'S NAME (First, Middle, Last)				16. MOTI		IE (First, Middle, Maiden			
Charles Ashton	Edmonds Sr.	T				dys Sample			
						oute Number, City or Tov			0704
Charles Ashton B				on Lane	Sna	dy Side, N			
METHOD OF DISPOSITION     Quriel 2	oval from State Con	PLACE AND DATE:	of Disposition place)	TION (Name of	11	10/94 Br	CATION - C		•
. SIGNATURE OF FUNERAL SERVICE LIC		L. LINCO				John M			
P x	21'11-					loucester	-		
isease or condition poulting in death)	DUE TO (OR AS A	CONSEQUENCE O	erosc	Coolic	abox	owneral de	00/.1		
equantisity list conditions, any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O				Saminal ac	ane	nys	m
any, leading to immediate ause. Enter UNDERLYING	c	CONSEQUENCE O	F):				and	nys	instor
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events	c		F):				anes	nys	insto
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	c	CONSEQUENCE O	F):				ands	nys	insto
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events	DUE TO (OR AS A	CONSEQUENCE O	PF):				AUTOPSY RMED?	24b. 1	WERE AUTOPSY FINDING
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net Initiated events seulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):			Part I. 24e, WAS AP	AUTOPSY RMED?	24b. 1	WERE AUTOPSY FINDMY AMAILABLE PRIOR TO COMPLETION OF CAUSE
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):			Part I. 24e, WAS AP	AUTOPSY RMED?	24b. 1	WERE AUTOPSY FINDHN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net Initiated events seulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F): In the und	derlying cause of the second s	given in i	Part I. 24a, WAS AF PERFO 1   YES :	AUTOPSY RMED?	24b. 1	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net initiated events seutting in death) LAST  ART II. Other eignificent condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A	CONSEQUENCE O	OTHER:	derlying cause of the second s	EATH (Che	Part I. 24a. WAS AP PERFO 1 TYES :	I AUTOPSY INMED? 2 NO	24b.	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury net Initiated events resulting in death) LAST  ART II. Other eignificent condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  MANNER OF DEATH  1  Natural 5  Pending	DUE TO (OR AS A  d	CONSEQUENCE O	OTHER:	26. PLACE OF D: ing Home 5 Re 2ac. INJURY AT WORK? 1 YES 2	EATH (Che	Part I. 24a. WAS AP PERFO 1 YES :  ck only one)  B Other (Specily)	I AUTOPSY PIMED?  2 NO  INJURY OCC	24b. \	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events resulting in death) LAST  ART II. Other eignificent condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  1 Check only  1 CERTIFYING PHYSIC	DUE TO (OR AS A  d.  BE contributing to death be  HOSPITAL:  1   Inpetient 2   ER/Outs  (Month, Day, Year)  28s. PLACE OF INJURY  28s. PLACE OF INJURY	CONSEQUENCE O	OTHER: 4 Nursi AE OF M street, factor	26. PLACE OF D : ing Home 5 Re 28c. INJURY AT WORK? 1 YES 2 ry, offics me, data and place	EATH (Che isidence (	Part I. 24a. WAS AP PERFO  1 VES:  Ck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	I AUTOPSY NMED?  NO  INJURY OCC  and Number of	24b. ) URED or Rural Ro	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events resulting in death) LAST  ART II. Other eignificent condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  1 Check only  1 CERTIFYING PHYSIC	DUE TO (OR AS A d.  HOSPITAL: 1 Inpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Specials)	CONSEQUENCE O	OTHER: 4 Nursi AE OF M street, factor	28. PLACE OF D : ing Home 5 Re 28c. INJURY AT WORK? 1 YES 2 ry, offics me, data and place	EATH (Che isidence (	Part I. 24a. WAS AP PERFO  1 VES:    VES:	I AUTOPSY PMED?  NO  INJURY OCC  and Number as state of due to the	URED  Or Rural Ro  a cause(s)	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Charles

31. DATE FILED (MONTH, Day, Year)

NOV 10

EdisTRAR'S SIGNATURE REVOLUTION REVOLUTION

Amended #1, 11/18/94, M.S.S., Allegany Co.

TO BE COMPLETED BY FUNERAL DIRECTOR

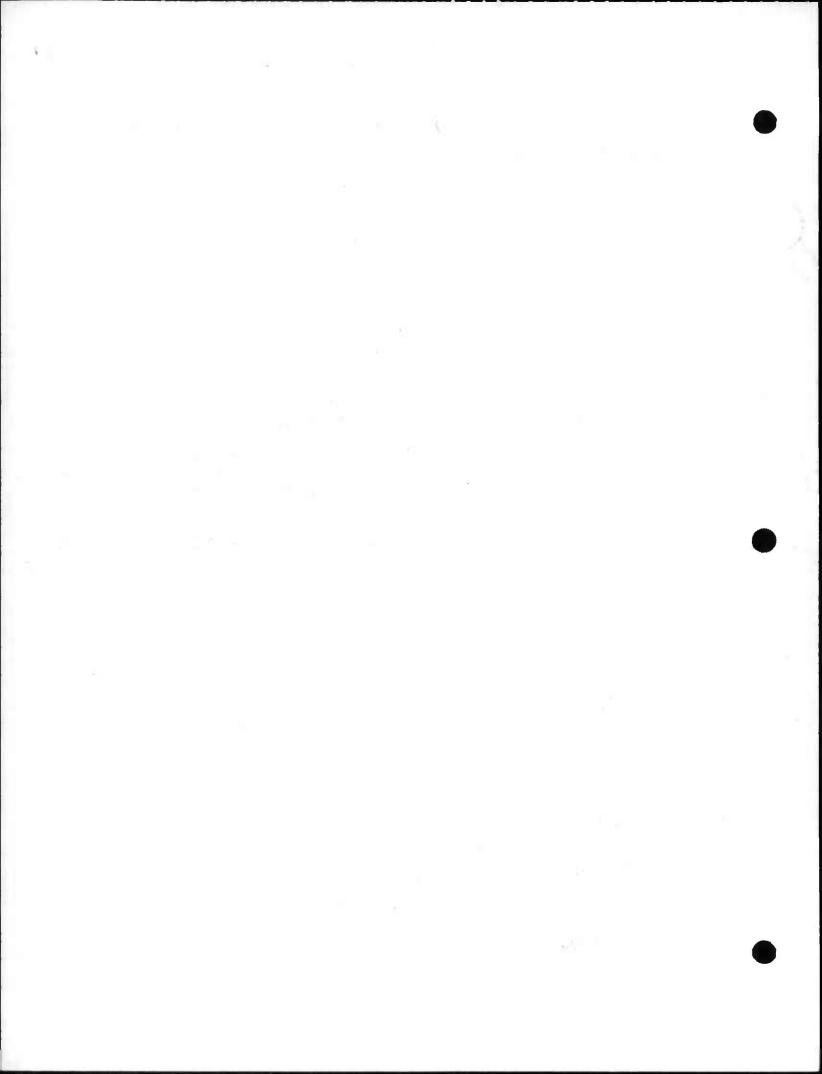
1 - STATE REGISTRAR		STATE OF M		DEPAR					MENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First			m						2. DATE OF DEATH DA	v	YEAR	3. TIME OF DEATH
WILLIAM	FRANK		ENSW		}				11 13		994	23:10 M
4. SOCIAL SECURITY NUMBER 232-60-736		SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Pay, Year)		Countr	IPLACE (State or Foreign y)
9e. FACILITY NAME (If not in				Tho.	9h CITY	TOWAL O	ID I OCATI	ON OF OF		0- 000	WV	FATIL
SACRED HEA		9b. CITY, TOWN OR LOCATION OF DEATH  CUMBERLAND, MD  9c. COUNTY OF DEATH  ALLEGANY										
10a. STATE 10b. COUNTY WV Hampshire				10c. CITY, TOWN OR LOCATION Greenspring						10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER PO Box 6		<u> </u>			ZIP COD		00	10g. CIT		1 YES 2 NO WHAT COUNTRY?		
PO Box 6  26722  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.SVARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year)								US				
1 Never Merried 2 X 3 Widowed 4 Divo	Married	FORCES? 1 IF YES, GIVE W	YES 24 N	10		If yes, spe	clfy Cube	on, Mexical Specify	n, Puerto Ricen, etc.)	or No—	Black	E — American Indian, k, White, etc.
(Specify only	EDENT'S EDUCAT y highest grade con	ION npleted)	(GA	CEDENT'S	vork done	CCUPATIO	N st of workin	ng	16b. KIND OF BUS			
Elementary/Secondary (0 NA		College (1-4 or 5+)		rk Lj		Oper	ator		Railroad	l Tie Pla		ating
17. FATHER'S NAME (First, M.A.	A						No	ra E	ME (First, Middle, Malden S lizabeth Er	nswi		
June F. En									Number, City or Town		Code)	
20s. METHOD OF DISPOSIT.  1 Suriel 2'E Cremetic  4 Donation 5 Other	n 3 🗌 Removal	I from State	20b. PLACE A	ND DATE O	of piseos	i On	me ol	ico	DATE 20c. LOC	ATION —	City or To	wn, State
21. SIGNATURE OF FUNERA		SEE C		o orc	22.	NAME AN	D ADDRE	SS OF FAC	Shaffer	r Fu	neste neral	Home, Inc.
Same	WIM.	roper			23	30 E	. Ma:	in S	t., Romney	, WV	267	
23. PART I. Enter the di ehock, or h	seasee, or com eert feilure. Lief	pilicetiona that t only ona caus	ceuaad tha das	ath. Do n	ot enter	the mod	da of dy	ing, such	aa cardiac or reapir	atory ar	reat,	Approximate Interval Between
immeDiate Cause (Fir disease or condition resulting in death)	al → a	DIM TO	acite		400	clud	lial	u	yar chan			Oriset and Peath
Sequentially list conditi			OR AS A CONSEQ		r							
if any, laading to immed cause. Enter UNDERLY! CAUSE (Disease or Inju	NG D		PAT OF A SOUTHER	MINISTER OF	,							
that initiated avants resulting in death) LAS		DUE TO (	OR AS A CONSEQ	UENCE OF	9:							
PART II. Osher significa	nt conditions o	ontributing to	leath but not re	aulting is	n the un	elaeluleso	cause c	afarana in I	Part I. 24s. WAS AN	and the second s	Lan	WERE AUTOPSY FINDINGS
beut	rath						Count )	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MEDA	***	AWAILABLE PRIOR TO COMPLETION OF CAUSE
Hype	vitellar	1							1 □ YES 2	100		OF DEATH?
DID TOBACCO U	SE CONTRIB	UTE TO CAL	JSE OF DEAT	TH YE	S 🗆 l	NO 🗆	UNC	ERTAIN	X			10 <del>0</del> 0mm-24mhha
25. WAS CASE REFERRED TO EXAMINER?		GEPITAL:	a revision representa	E OF DEAT	OTHER							
1 VES 2 XNO		29s. DAYE OF I	ER/Outpatient 3	286, TIME		aing Home 28c. INJU	_	sidence	B C Other (Specify) 28d. DESCRIBE HOW IN	IIIIN OO	cuseo	
	Pending Investigation	(Month, Day		INJ		WOR	RIC7	NO	and describe not in	JUNE OL	CONED	
3 Sulcide 8	Could not be Setermined	38e. PLACE OF building, e	INJURY At hon to, (Specify)	ne, farm, si	treet, fact	ory, office			28f, LOCATION (Street or City or Yours, State)	nd Number	or Runii A	oute Number.
29e. CERTIFIER (Check only	IFYING PHYSICIAI	N: To the best of n	ny knowledge, des	ith occurre	d at the ti	lme, date	end place,	, end due	to the ceuse(e) end man	ner ee sta	ted.	
one)   Migbi	CAL EXAMINER: O	on the basis of ext	mination end/or in	rveatigation	n, in my o	pinion, de	ath occin	ed at the	lime, date end place, end	due to th	ne ceuse(e)	end manner ee stated,
29b. SIGNATURE AND TITLE	hard	60	CH m	itt	MD	1	29c. LIC	NOE NUM	6333	29d. DAT	EISIGNED	Manth/Day Year)
30. NAME AND ADDRESS OF	100	ser	M D	27) (Type,	Print)	W	ub	n	id 20	Oc.	1	
NOV 1 5	1994	32. REGISTRAR	'S SIGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

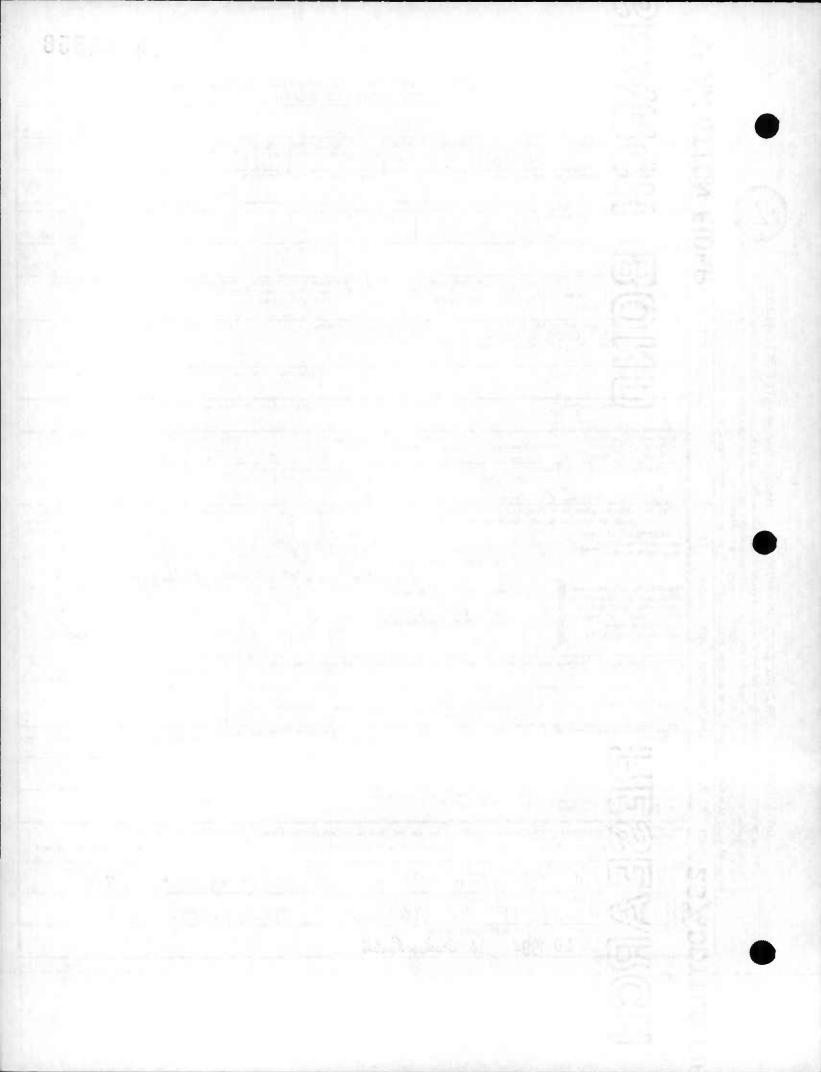
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TOTAL SOUTH TANSBUR.  1. SEX 1. AND SITE IN THE SOUTH	1 - STATE REGISTRAR		STATE OF M					DEAT			EG. NO.				
219-16-1286  **BARYLAND  **BARKERYRER OF DECERBENT**  **BARKERYRER OF DECE	1. DECEDENT'S NAME (First	Middle, Last)  — OU	LISE	FO	ns	)						699	YEAR	3. TIME OF DEATH	
THE REPORT OF PRINTING AND ANNE ARUNDEL MEDICAL CENTER  ANNAPOLIS  WE CHT. TOWN OR LOCATION  ANNE ARUNDEL MEDICAL CENTER  ANNAPOLIS  WE CHT. TOWN OR LOCATION  ANNE ARUNDEL MEDICAL CENTER  ANNAPOLIS  WE CHT. TOWN OR LOCATION  ANNE ARUNDEL  ANNAPOLIS  WE CHT. TOWN OR LOCATION  WARTLAND  ANNE ARUNDEL  ANNAPOLIS  WE CHT. TOWN OR LOCATION  WARTLAND  ANNE ARUNDEL  ANNAPOLIS  WE CHT. TOWN OR LOCATION  WARTLAND  ANNE ARUNDEL  ANNAPOLIS  WE CHT. TOWN OR LOCATION  WARTLAND  ANNAPOLIS  WARTLAND  ANNAPOLIS  WE CHT. TOWN OR LOCATION  WE CHT. TOW		ER /						_		7. DATE OF E	BIRTH V Year)	10	0. BIRTNI	PLACE (State or Foreign	
SOS_SPA_ROAD  10. New Manufacture  11. New Specification of Notes in the Land Country  12. New Specification of Notes in the Land Country  13. New Specification of Notes in the Land Country  14. New Specification of Notes in the Land Country  15. New Specification of Notes in the Land Country  15. New Specification of Notes in the Land Country  16. New Specification of Notes in the Land Country  17. New Specification of Notes in the Land Country  18. New Specification of Notes in t		titution, give s		04	1110.	9b. CIT	Y, TOWN (	OR LOCATI	ON OF OE		, 1)				
SOS_SPA_ROAD  10. New Manufacture  11. New Specification of Notes in the Land Country  12. New Specification of Notes in the Land Country  13. New Specification of Notes in the Land Country  14. New Specification of Notes in the Land Country  15. New Specification of Notes in the Land Country  15. New Specification of Notes in the Land Country  16. New Specification of Notes in the Land Country  17. New Specification of Notes in the Land Country  18. New Specification of Notes in t	ANNE ARUND														
STREET AND NUMBERS  805 SPA ROAD  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  11 WAS DECEDENT SUPERANCE OF MINESTOCKET.  12 WAS DECEDENT SUPERANCE OF MINESTOCKET.  13 WAS DECEDENT SUPERANCE OF MINESTOCKET.  14 WAS DECEDENT SUPERANCE OF MINESTOCKET.  15 WAS DECEDENT SUPERANCE OF MINESTOCKET.  15 WAS DECEDENT SUPERANCE OF MINESTOCKET.  16 WAS DECEDENT SUPERANCE OF MINESTOCKET.  17 WAS DECEDENT SUPERANCE OF MINESTOCKET.  18 WAS DECEDENT SUPERANCE OF MINESTOCKET.  19 WAS DECEDENT SUPERANCE OF MINESTOCKET.  19 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE OF MINESTOCKET.  10 WAS DECEDENT SUPERANCE.  10 WAS DECEDENT S	RESIDENCE OF DEC					Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
The Part of District Conditions of Part of District Conditions and Conditions of Part of District Conditions and Conditions of Part of District Conditions and Conditions of Part of District Conditions of District Con						NAPO	LIS			Total Section 17			YES 2 NO		
The Part of District Conditions of Part of District Conditions and Conditions of Part of District Conditions and Conditions of Part of District Conditions and Conditions of Part of District Conditions of District Con	10e. STREET AND NUMSER						101			10g. CITIZEN OF			IZEN OF W		
THE SECTION OF DISTRICT CONTROL OF THE STATE	805 SPA RO	AD	12 WAS DECEDENT	EVEO IN II S AG	MED	142	Wite Dec			HO OBICINIO M		an Maria	44 0400		
18. DECEDENT'S EDUCATION  Benemera/Recordary (0-17)  The Contege (1-4 or 8 -1)  The DUSEWIFE  18. MOTHER'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Matter)  19. INFORMAT'S NAME (Pirk, Modile, Last)  RICHARD JOHNSON  19. INFORMAT'S NAME (Pirk, Modile, Matter)  19. INFORMAT'S NAME (Pirk, Modile, Last)	3 🔀 Widowed 4 🗆 Divon	1 Never Married 2 Married FORCES? 1						can, Puerto Rican, etc.)  Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp.			Specif	, White, etc. ly:			
TECHARD JOHNSON  THE INFORMATIS NAME (Ripportus)  THE THE ARROWNTH SHAME (Ripportus)  THE INFORMATIS NAME (Ripportus)  THE INFORMATI	15. DECE (Specify only Elementary/Secondary (0- 7 + h	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY						23.70 K			
RICHARD JOHNSON  RICHAR	17. FATHER'S NAME (First, Mic	idle, Last)				522	-	18. MOT	HER'S NA	ME (First, Middl	le, Maiden S	Surname)			
THOUSE INCOMENTS IN A CONTROL	RICHARD		ON												
TO COME TO THE PROPERTY OF THE	199. INFORMANT S NAME (19)												Code)		
ANNAPOLIS MEM. GARDENS 11/10/94 ANNAPOLIS, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF EXECUTY REESE & SONS MORTURRY, P.A.  22. NAME AND ADDRESS OF EXECUTY REESE & SONS MORTURRY, P.A.  23. PART I. Enter the diseases, or domplications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interpretable of the cause										-					
REESE & SONS MORTUARY, P.A.  23. PART I. Enter the diseases, or domplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervious chock, or heart feliure. List only one cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  D	1 Buriel 2 Cremation 4 Donation 5 Other	Specify)	noval from State	ANNAP	OLIS	MEM	. GA	RDEN	S 11	/10/94	AN				
23. PART I. Enter the diseases, or domplications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.    IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   IMMEDIATE CAUSE (Final shock) or heart fellure. List only one cause on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each line.   Immediate conditions on each lin	21. SIGNATURE OF FUNERAL	SERVICE LI	0			R	EESE	& S	ONS	MORTUA			21/40	21	
AND THE READ INMENTAL CONTRIBUTE AND ACCURAGE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  26. DOTHER:  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. DOUGHT ONE AS A CONSEQUENCE OF):  21. DUE TO (OR AS A CONSEQUENCE OF):  22. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  29. PLACE OF DEATH (Check only one)  20. DUE TO (OR AS A CONSEQUENCE OF):  21. DUE TO (OR AS A CONSEQUENCE OF):  22. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  29. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. DUE TO (OR AS A CONSEQUENCE OF):  20. PLACE OF DEATH (Check only one)  21. MANNER OF DEATH  22. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  20. DUE TO (OR AS A CONSEQUENCE OF):  21. DUE TO (OR AS A CONSEQUENCE OF):  22. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  20. DUE TO (OR AS A CONSEQUENCE OF):  21. DUE TO (OR AS A CONSEQUENCE OF):  22. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  22. DUE TO (OR AS A CONSEQUENCE OF):  23. DUE TO (OR AS A CONSEQUENCE OF):  24. DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(a) and manner as steted.  22. DUE TO (OR AS A CONSEQUENCE OF):  23. DUE TO (OR AS A CONSEQUENCE OF):  24. DUE TO (OR AS A CON	23. PART i. Enter the dis	leases, or	complications that	caused tha de	ath. Do									Approximate	
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 26. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  28b. DIME OF INJURY AT WORK?  28c. INJURY AT	iMMEDIATE CAUSE (Find disease or condition		a	Res	0	h	is	M	200	ind o	0 -	. 4		Interval Between Opset and Dasti	
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  1 Inperiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATN  1 Netural 5 Pending 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined  28b. PLACE OF INJURY M 1 YES 2 NO  28b. PLACE OF INJURY M 1 YES 2 NO  28b. PLACE OF INJURY M 28b. Time OF 1 Nursing Home 5 Residence 8 Other (Specify)  28b. Time OF 1 Nursing Home 5 Residence 8 Other (Specify)  28b. DESCRIBE NOW INJURY OCCURED  28c. INJURY AT WORK?  1 YES 2 NO  28b. LICATION (Street and Number or Rural Route Number, City or Now., State)  28b. PLACE OF INJURY At home, farm, street, factory, office  28c. INJURY M 1 YES 2 NO  28b. LOCATION (Street and Number or Rural Route Number, City or Now., State)  28b. LICATION (Street and Number or Rural Route Number, City or Now., State)  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)									Wech					
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 26. PLACE OF DEATN (Check only one)  27. MANNER OF DEATN  28b. DIME OF INJURY AT WORK?  28c. INJURY AT	that initiated events resulting in death) LAST	at initiated events DUE TO (OR AS A CORSEQUENCE OF):									o da	yen			
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    VES 2   NO		t condition	na contributing to	death but not r	reauiting	in the u	nderlyin	g cause	given in	Part I. 24			24b.	WERE AUTOPSY FINDINGS	
2   Accident   S   Personing   M   1   YES 2   NO   2   Accident   S   Could not be determined   28s. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   2   2   Accident   S   Could not be determined   28s. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   2   2   Accident   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   Check only   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   Certifier   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   Certifier   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.   One   CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at										1(				COMPLETION OF CAUSE	
Accident 1 westigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, 19d.) 1 DATE FILED (Morth, Day, Year) 32. REGISTRAR'S SIGNATURE —	25. WAS CASE REFERRED TO	MEDICAL						LACE OF D	EATN (Ch	eck only one)					
Accident 1 westigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.  29e. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, 19d.) 1 DATE FILED (Morth, Day, Year) 32. REGISTRAR'S SIGNATURE —	1 TES 2 NO		1 🗆 Inpetient 2 🗆		□ DOA			10 5 A	esidenca	6 Other (Sp	pecify)				
29a. CERTIFIER (Check only one)  29a. MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(e) and manner as stated.  29a. MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(e) and manner as stated.  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(a) and manner one)  29a. LICENSE NUMBER  29a. Date signed (Modin, Day, Year)  31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Spe. Print)  32. REGISTRAR'S SIGNATURE  32. REGISTRAR'S SIGNATURE			(Month, Da	ry, Year)	IN	JURY	1 🗆	YES 2 [	□ NO	28d. DEŞCRI	BE NOW IN	JURY OC	CURED		
29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.)			28e. PLACE Of building, o	F INJURY A1 ho etc. (Specify)	me, farm,	street, fac	ctory, offic	•				nd Numbe	r or Rural R	loute Number,	
29c. LICENSE NUMBER 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.) 29d. DATE SIGNED (Morth, Day, 19d.)	29a. CERTIFIER (Check only one) 2 MEOK													) and manner on stated.	
MICHAEL La HOTA MI GOORIDGELY AVE #(10 ANMAPOLYMO 144)  31. DATE FILED (MINIMI, Day, Year)  32. REGISTRAR'S SIGNATURE	Mall	X 7	2 Dw	Anux	)			29c. LIC	2	1438	2/	29d. DAT	E SIGNED	(Mortin, Day, Year)	
	MICHAEL)	BERSON WI	A COMPLETED CAUS	MY 00	ari	Pat	lyf	WE	#(20	DAN	MA	by	nd i	40/	
NOV IU JUY John division harden	NO		1994	P'S SIGNATURE	or Ray	dall	1								

DHMN-18 Rev 1/89



	٠.
	7
0	
n	
_	
-	
$\infty$	
10	
$\mathbf{\omega}$	
_	
$\overline{}$	
$\sim$	
$\mathbf{\mathcal{C}}$	
m	
_	
	1
$\sim$	1
U	
n.	
_	17
-	
n.	
$\Box$	
~	
и.	
$\overline{}$	
v	
11	
$\smile$	٠,
ш	
_	
ш.	
_	
_	. 1
Q.	
_	ı
_	
_	- 3
_	1
	- 1
ш.	i
$\overline{}$	3
$\cup$	- 3
_	- 1
7	-
_	- 3
$\circ$	- 3
$\simeq$	- !
JIVISION OF VITAL RECORDS, P.O. BOX 68760,	
J)	- i
-	
>	4
	- 1
_	- 1
1	,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

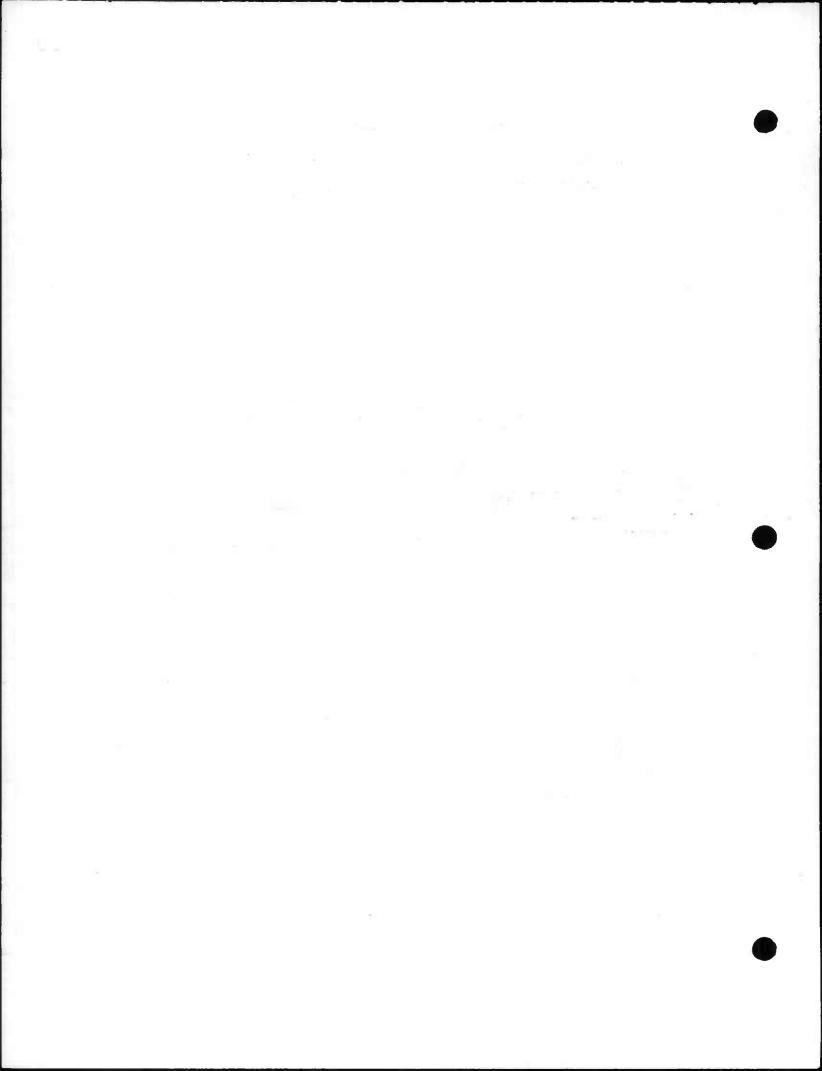
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HI		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest GEORGE F	RANKLIN FED	ERLINE,	JR.		2. DATE OF DEATH NOV. 8	1994 <sup>EAR</sup>	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-18-3101	5. SEX 6. AGE (In 7 )	yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS				THPLACE (State or Foreign ntry) SHINGTON DO	
Œ	9a. FACILITY NAME (If not institution, give ANNE ARUNDEL	,		9b. CITY, TOWN OF		EATH	9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN			TOWN OR LOCATION	APOLIS		ANNE ARUNDEL		
		NNE ARUNDEL	loc. City,		RNOLD			10d, INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1232 TAYLOR A	VENILE		10f.	ZIP CODE			WHAT COUNTRY?	
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes		S . A .  CE — American Indian, lick, White, atc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY YES IF YES, GIVE WAR OR DAT	2 UNO TES		city Cuben, Mexica 2 X NO Specifi	en, Puerto Ricen, etc.)	Spi	eck, White, etc. ecity: AUCASIAN	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Coffege (1-4 or 5 +)	(Give kind of we life. Do NOT use	ork done during most		16b. KIND OF BUS	INESS/INDUSTRY		
MPL	12+	Conego (1-4 of 3-7)	BUSINE	SS OWNI	ER	PLUMBI	NG, HE	ATING & A/C	
	17. FATHER'S NAME (First, Middle, Lust) GEORGE FEDERL:	TNE CD				AME (First, Middle, Maiden	Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)	INE SK	19b. MAILING	ADDRESS (Street and		A TITLOW  Route Number, City or Town	n, State, Zip Code)		
5	MRS. EFFIE FE		12	32 TAYI	LOR AVE	ENUE ARNO	LD, MD	21012	
	20s. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	noval from State Corpo	PLACE AND DATE OF	er place/		DATE 200. LOG	CATION — City or		
	21. SIGNAPORE OF FUNERAC SERVICE L	Kesyler	GEEN II	22. NAME AND	ADDRESS OF FA	CILITY		Tasvais and	
	James (	- Vario	200	495 RI	TCHIE	SONS FUNE HWY SEVE	RNA PA		
(	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to lon as a	ch line. L	st enter the mod	e of dying, suc	pada	ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C			dia	beter n	nell		
EHI	resulting in death) LAST	d.							
PHYSICIAN: MEDICAL	PART II. Other significant condition  CXC / US/U.e. Please  DID TOBACCO USE CON	TRIBUTE TO CAUSE OF	COSCULO CONAC DEATH YES	9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cause given in	PERFORI	MED?	Bb. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1 - Impatlant 2 ER/Outpat		OTHER:	5 Pasidence	8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJUI	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY - building, atc. (Specif	At home, farm, str	reet, factory, office		28f. LOCATION (Street a: City or Town, State)	nd Number or Rura	Route Number,	
COMPLETED	and .	SICIAN: To the best of my knowle IER: On the bests of examination						(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFII	ER 24			29c. LICENSE NUN	MBER	29d. DATE SIGNE	D (Month, Day, Year)	
2	30. NAME AND ADDRESS DEPERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, I	Print)	10/5	754	)) [	/ 97	
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNAL		201.	5 //10	410			
	NOV 15	1994 Julie d	wilson Ran	delle					



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Methal Hyghere prof to burlat, chematon, of removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i	y th	oe d	to
	Q P	b	9
	ain	Shor	Ē
	e	5	2
î	ă	age	pe
	E	0,	ust
	Je 6	rect	E
	Pa	ald	Đ.
i	ath.	ner	E
	r de	76 th	EX S
	afte	# A	cal
	ALITS	2.	2 2
1	2	lled	e 5
į	Z U	aly fi	#
	with	plete	ent
	red	COM	. e
	noa	pur	atic
	9	E .	2 5
	te b	Sici	ta puo
	tifica	듄	iher iher
	cer	ding.	20
	eath	after	, O
	he d	the	Mer
	nat ti	6	and i
	as th	ned	a 3
	quire	Sic	- N
	V re(	peer	8
	- B	has	13 E
	H.	cate	be fined within 72 hours after death with the state begit, of relating and weman hyglene prior to bursa, cremation, or removal. IMPORTANT: If I tem 2.8 is marked, or I tem 2.3 shows any Injury, or other traumatic event, the medical expending the statement of th
	CIAN	ertifi	<b>6</b>
	NS.	SC	9
	9	er th	ark v
	DING	Afte	3 Oea
	TEN	OR:	90
	AT AT	EC.	2 2
	0 7	ā ;	ē <b>.</b>
	JITAI	RAL	2 5
	OSF	N.	
	부	一十.	ا تج ا
	10	10	
	-	F.	ă <b>=</b>

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MAR		PARTMENT OF		MENTAL HYGIEN	E			
	DECEDENT'S NAME (First, Middle, Last)     MARY	BELINDA		FLOWERS		2. DATE OF DEATH MONTH 10 10	1994	3. TIME OF DEATH 23:35 M		
3	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho		IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 6	SIRTHPLACE (State or Foreign		
	217–28–2386  9a. FACILITY NAME (If not institution, give s					March 2 1902 Country Penn.				
Œ	SACRED HEART HOSPITAL				RLAND, MI		9c. COUNTY OF DEATH ALLEGANY			
5	RESIDENCE OF DECEDENT			COMBI	MIMILE, III		ALLEGANI			
DIRECTOR	Md Alle	y gany	10c.	Barton	TION		10d. INSIDE CITY LIMITS? 14 YES 2 NO			
A.	10e. STREET AND NUMBER			_10	f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	Box 136, Wate				21521		L U	S		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 X Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 THE FORCES? 1 YES, GIVE WAR OR DATES AT THE PROPERTY OF THE PROPERTY			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuban, Maxicon, Puarto Rican, atc.)  1  YES 2 NO Specify:						
8	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give kind	T'S USUAL OCCUPAT	ON ost of working	16b. KIND OF BUS	SINESS/INDUST			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)		II.				
MP	Unknown 17. FATHER'S NAME (First, Middle, Last)		Hor	<u>nemaker</u>	I so services as	Home				
8	Joseph Mann					ME (First, Middle, Maiden e Bishop	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRESS (Street		oute Number, City or Tow	n. State. Zip Cod	(e) 01 F00		
2	Marvin Broadwa	ter						erland, Md.		
	20a. METHOD OF DISPOSITION TV Burlal 2 Cremation 3 Rem	oval from State		ATE OF DISPOSITION (A			CATION — City			
	4 ☐ Donation S ☐ Other (Specify)		Laure	l Hill Ce		+13-94 Ba	rton, M	/ld.		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	INSEE	-1		Funeral					
_	· Wayn		)M(	_   111	Church St	. Western	port. N	4d. 21562		
	23. PART I. Entar the diseases, or cahock, or heart failura.  IMMEDIATE CAUSE (Final disease or condition reaulting in daeth)	a. Can	on eech line.			as cerdiac or reepi		Approximete Interval Between Oneat and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Tour Tule	tulo	<u> </u>						
AL C	PART II. Other algolificant condition	e contributing to des	th but not raeulti	ng in the underlyir	g cauee givan in F	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	CAD					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
2 2	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH	YES   NO D	UNCERTAIN			1 YES 2 NO		
Z I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			DEATH (Check only one						
VSIC	1 TES 2 NO	HOSPITAL:	Outpatient 3 DO	OTHER: 4   Nursing Hor	ne 5 🗆 Residenca (	Other (Specify)				
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, W		INJURY W	URY AT ORK? YES 2 NO	26d. DESCRIBE HOW II	NJURY OCCURE	D		
	3 Suicide 8 Could not be determined	28a. PLACE OF IN. building, atc.	JURY — At home, let (Specify)	rm, street, lectory, offi	•	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE							use(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM	BER 5 4 6	29d. DATE SIC	NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH				MD 21502					
	DR. ROBERT ORLING 31. DATE FILED (Month, Day, Year)  NOT V 1 6 199	32. REGISTRAR'S	SIGNATURED WHEN ROYS		HD 21302		· · · · · · · · · · · · · · · · · · ·			
	110 1 7 17	- 4		ķt.				DHMH-16 Rev 1/89		



高いないから

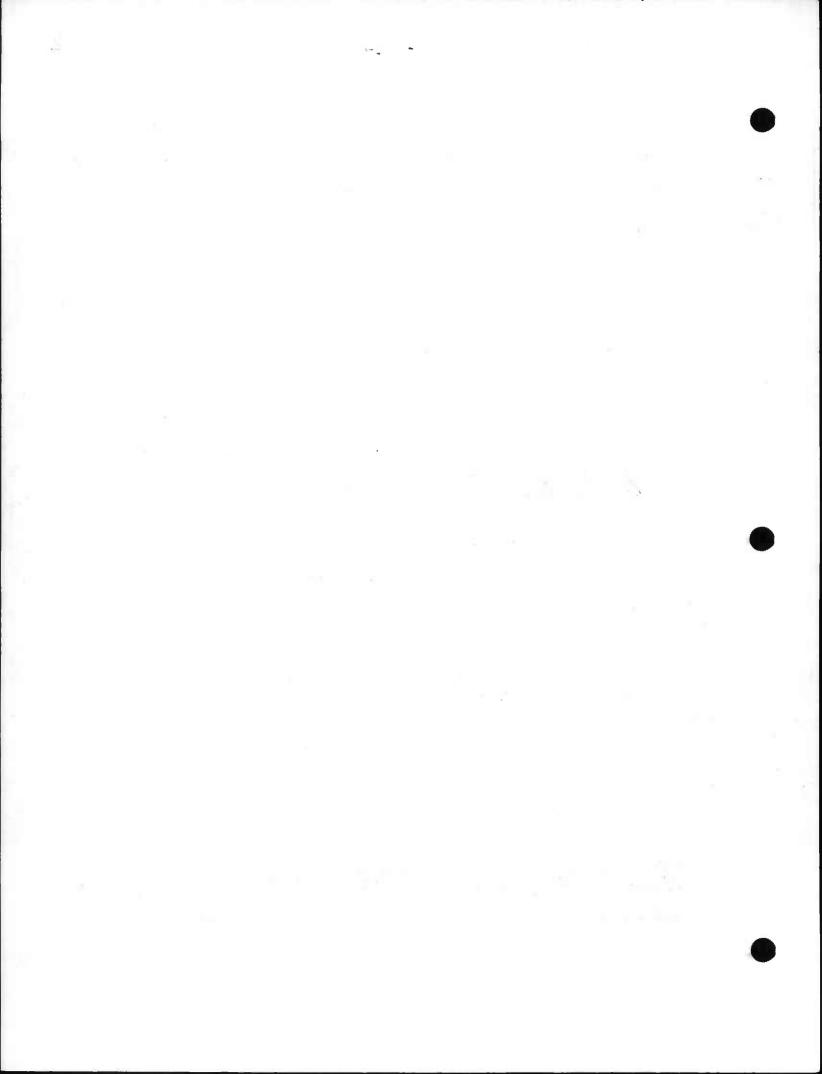
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rs after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n by the funeral director, page 5 should be detached for use as the burial-transit permit, removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	idical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. OECEOENT'S NAME (First, Middle, Lest)  ROBERT Dean  FURGASON  2. DATE OF GEATH MONTH NOV 2 94 202 M  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR   IF UNDER 24 HRS. 7. DATE OF BIRTH   8. BIRTHMU ACE (State or Equation)	
	220-58-6551   12X M 2   F   41 YRS.   MONTHS   DAYS   HOURS   MIN.   NOV 9, 1952   Washington D	
TOR	9a. FACILITY NAME (If not institution, give street and number) Shady Grove Adventist Hospital Rockville  Residence of Decement	
DIRECTOR	10s. STATE     10b. COUNTY       Maryland     10c. CITY, TOWN OR LOCATION Damascus       10d. Inside CITY LIMITS?       1 □ YES 2★ NO	
FUNERAL	104. STREET AND NUMBER 24100 Preakness Drive 107. ZIP CODE 20872 109. CITIZEN OF WHAT COUNTRY? American	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. Was OECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 YES 2 X NO Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Clerk  16b. KIND OF BUSINESS/INDUSTRY  U.S. Postal Service	
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)	
BE	James Archie Furgason, Sr. Georgia Tatlow	
5	19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)  Curtis W. Furgason  12128 Songbird Lane, Germantown, Md. 20876	
	20a. METHOO OF DISPOSITION 1 X Burisi 2 Greensition 3 Removal from State 4 Donetton 5 Other Specify Resthaven Mem. Gardens 11/5 Frederick, Maryland	
_	22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Home 26401 Ridge Rd., Damascus, Maryland	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. A S PHYX/A  DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS	
MEDICAL	24b. WAS AN AUTOPSY PROPRIED TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  24b. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO	
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	
IXSI	1 PES 2 NO 1 Inpetient 2 FR/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)	
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Dey, Year)  1 Netural 5 Pending  28e. INJURY AT WORK?  7 M 4 Visc 0 7 M	
BY	2 Accident Investigation 3 Accident Structure Investigation   2 G J P M 1 VES 2 NO INHAUS CO.   1 NHAUS  百	4 Homicide determined building, etc. (Specify)  HOME
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
	NA GUARATHEE AND TICKETTE DESCRIPTION	
TO BE	Filled William DOTOGG NOV 3 94	
	TRANCIS C MAYLE 10 XIS FERNWOOD RD BETHESDA MID 20817 1101	
	31. OATE FILED (Month, Day, Year)  32. REGISTRAR SISIGNATURE  ALOV 0.7 1994  July division Resident	

dea	\$
ler	the
10	6
U.S	2.
DING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and completely filled in by the fi
	4
2	93
=	9
	a
9	5
2	ಜ
7	D
exe	an
g	Sian
92	Si.
es.	È
ĕ	a
2	0
8	崇
_	5
9	Ĕ
90	(0
Pe	the
-	5
2	-
-	9
85	0
5	S
000	63
=	ě
≩.	
	130
2	-
	¥
ż	2
⋖	Ξ
0	95
50	0
F	JiS.
0.	=
5	ē
2	É
0	44,

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII				MEI	NTAL HYGIEN				
11	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		15	3. TIME OF DEA	ТН
- 8	CLYDE ALVIN G	GNEGY						10 31 1994 1:45 a				
9	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday			UNDER 24 HRS.	_ /	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or F	oreign
	159-16-6253		9 YRS.				No	ov 7, 19	14		RYLAND	
oc.	9e. FACILITY NAME (If not institution, give str	eet and number)				OCATION OF		The state of the s				
5	203 H STREET			MT	• LAK	E PAR			G.F	RREI	l'T	
DIRECTOR	10s. STATE 10b. COUNTY		10c. C	TY, TOWN OF	LOCATION	1			10d, INSIDE CIT	Y		
		RRETT	M	T. LAI							1X YES 2	NO
FUNERAL	100. STREET AND NUMBER 203 H STREET					1550					VHAT COUNTRY?	
NE.	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 W			ANICO	RIGIN? (Specify Yes	US			
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	It	yee, specif		cen, Pu	erto Rican, etc.)	or No—	Black Speci	E — American Indi k, White, etc.	en,
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18e. DECEDENT	S USUAL OCC		l working		16b. KIND OF BU	SINESS/INC	USTRY		
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.)	ing most o	WORKING						
MP	17. FATHER'S NAME (First, Middle, Last)		BRICK	LAYER					TRUCI	CION		
ö	NOAH	GNEGY			1 10	CORIN		First, Middle, Maiden		IUMOC	)	
BE	19e, INFORMANT'S NAME (Type/Print)			G ADDRESS	Street end			Number, City or Tow				
임	MARY LYLE GNEGY			H STRI				E PARK,				
	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	metion 3 Removal from State complete, granulogy or other places										
	21. SIGNATURE DEAUNERS, SERVICE LICE	21. SIGNATURE DE AUNEIRA SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  P.O. BOX 243										
	- Kolm Vy d	Quel M	00167	DI	JRST	FUNERA	AL 1	HOME - O				0
		Metastati	c Carcin	oma of):				cardiac or respi	iratory arr	rest,	Approximintervel B Onset and Sev.	etween d Death Mos.
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. Carcinoma of the bladder (Urinary)  Sev. Yrs.  Due to (or as a consequence of):  c.  Due to (or as a consequence of):								Yrs.			
	PART ii. Other significent conditions	contributing to death	but not requiting	in the and	arlulas a	nuas aluas I	- D	: I a				
CAL	Emphysema and							PERFOR	RMED?	24b	. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
MEDICAL	Aneurysm of a			e rum	ional	y Dise	:456	1 TYES	ХХ ио		OF DEATH?	
ä												
CK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLAC	OF DEATH (	Check o	nly one)				
PHYSICIAN:	1 YES 2 XNO  27. MANNER OF DEATH	1 Inpatient 2 I ER/Ou  28e, DATE OF INJURY			Bc. INJUR		_	Other (Specify)	N KIRY OC	~!!BED		
BY PI	Nstural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IP	YRULI M	1 YES			. DESCRIBE HOW I	INJUNIT OCI	JONED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm secify)	, street, factor	ry, office		261.	. LOCATION (Street City or Town, State)		or Rural F	Route Number,	
COMPLETED		EAN: To the best of my kno									e) end menner ee :	stated.
ш	ME SUBJECTURE AND TITLE OF CERTIFIER	11	1/	200	29	c. LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (No	e Prints		D 056	58		No	vemb	er 1, 1	994
	Howhout U Todaht				et.	0ak1an	ıd.	Marvlan	d 21	550		
8	31. DATE FNO Worth, Day You 1994	22. REGISTRAR'S SIG	NATURE					7				
		4										

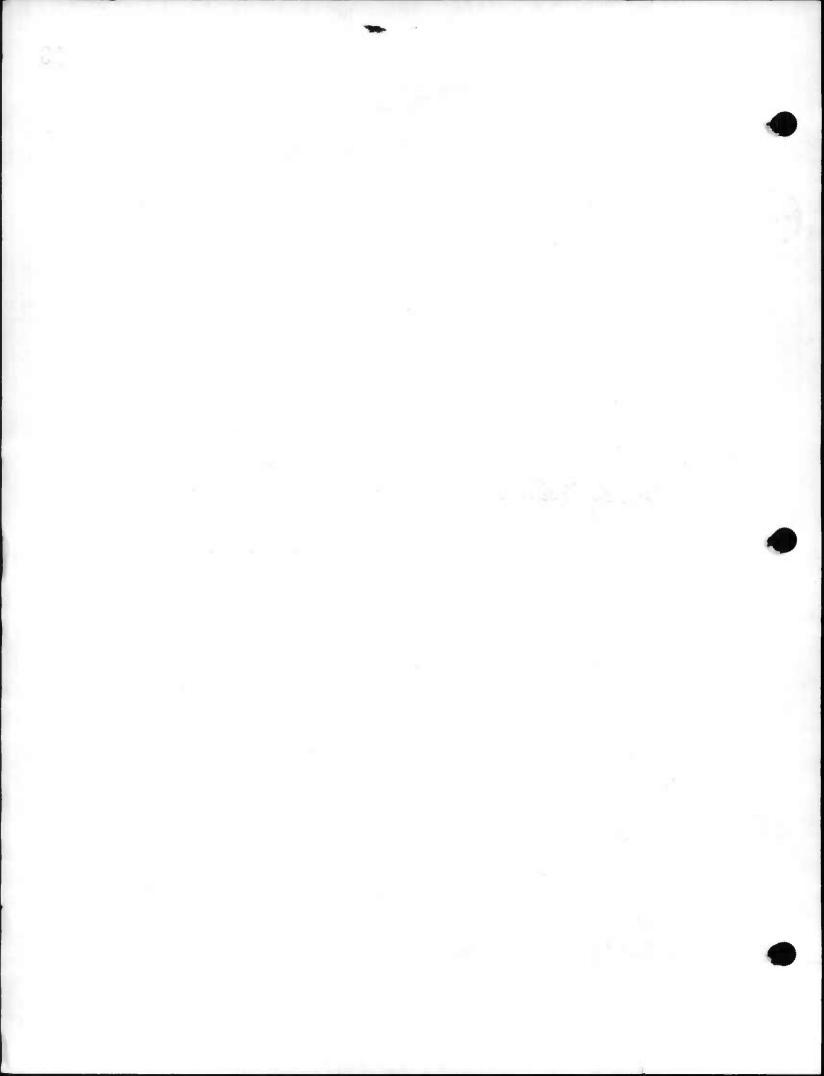


TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR. After this certific be filed within 72 hours after death with the S IMPORTANT: If item 28 is marked, or in Propression or in the contraction of the contractio

	무.	
7	at sto	
, ,	st permit.	id "
ding physician.	the burial-tran	
ospital or attend	ched for use as	43
JAN. The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ge 6 may be re	lirector, page 5	r must be no
after death. Pa	by the funeral or moval.	Icai examine
within 27 Hours	pletely filled in premation, or re	ent, the med
e be executed v	sician and comprison to burial, c	traumatic ev
death certificat	rtificate has been signed by the attending physician and he State Dept. of Health and Mental Hyglene prior to bu	iry, or other
quires that the	n signed by the	iows any inju
IAN: The law require	ate Dept. of	em 23 sh
IAN:	rtifica	or it

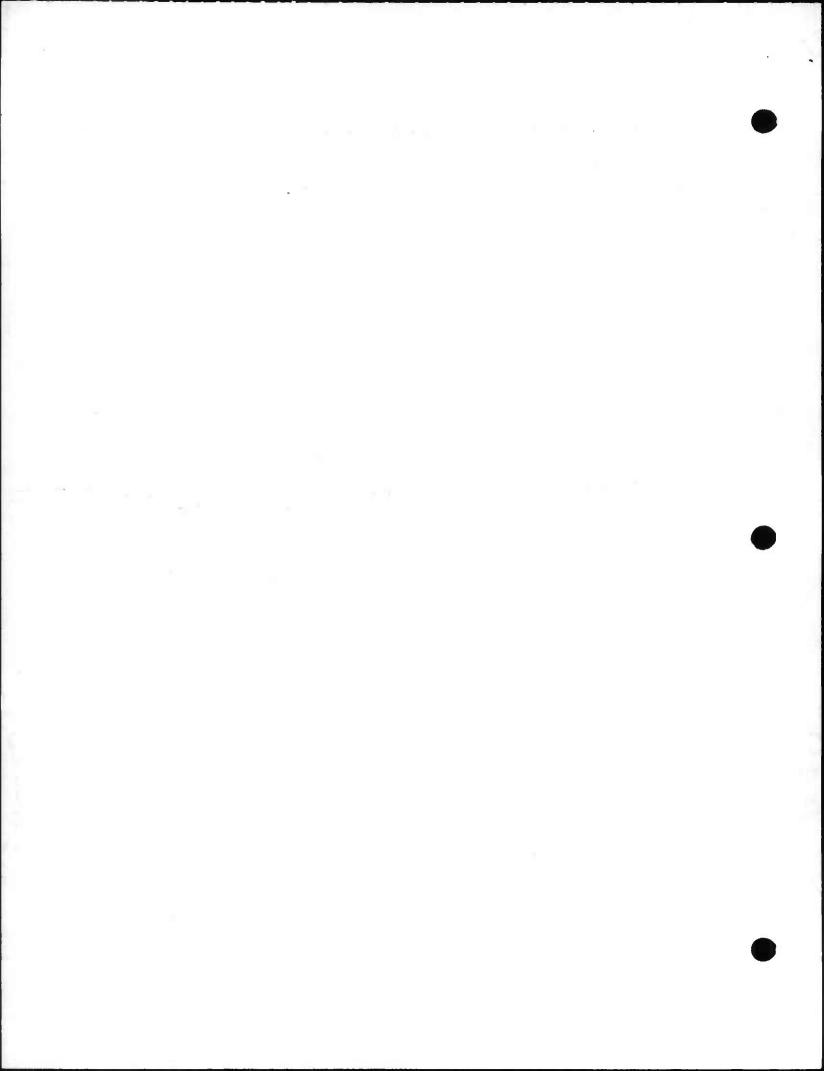
STATE OF MARYLAND	/ DEPARTMENT	OF HE	ALTH AND	<b>MENTAL</b>	HYGIENE
	ERTIFICATE	OF I	DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME				IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	YEA	3. TIME OF DEATN
	Sarah France	s George				11		-94	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I		8. B	IRTNPLACE (State or Foreign
	A D M A D P 1 Vana   Workins   Wars   Hours   Will.								aryland
E O	12 Prospect Ave.			Indian	Head			Charl	es
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c, CITY, TOV					G Luci	
E					ION				10d. INSIDE CITY LIMITS?
	Maryland Ch	arles	India	n Head	ZIP CODE		1 10	a CITIZEN	1  YES 2 □ NO  OF WHAT COUNTRY?
RA				101			100		
FUNERAL	12 Prospect Ave.	12. WAS DECEDENT EVER IF	N U.S. ARMED	13. WAS DEC	20640 ENDENT OF NISPAN	IIC ORIGIN? (S	Specify Yee or I	U.S.A	RACE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spe	city Cuben, Mexica 2 NO Specify	n, Puerto Rica	n, elc.)		Black, White, atc.
В	3 Widowed 4 Divorced				Z M No openin				White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S USUA (Give kind of work of			16b. Kil	ND OF BUSINE	SS/INDUST	RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use retin	ed.)		)			
MP	12		Homemak	er			er Home	_	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Midd	fle, Maiden Sum	ieme)	
B	Joseph Compton Brooke 19a, INFORMANT'S NAME (Type/Print)				Eleanor			Bryan	
2			20 500000000		nd Number or Rurel I			tate, ZIP Cod	(0)
	Margaret Akens	201	. PLACE OF DISPOSITION		le. Ashbun	n, Va.		ION Chu	or Town, State
- 1	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	other place)			7 1004			
	21. SIGNATURE OF FUNERAL SERVICE LICE		Johns Fpis	22. NAME AN	D ADDRESS OF FA	-/-1994 CILITY	LEGITOOK	ey. Ma	nyland
	Dan In:	01.		Will:	iams Funera	al Home	P.A.		
	23. PART I, Enter the diseases, or c		M00668		225 & Glym				
	ahock, or heart fellure. I			iter the mo	de of dying, auc	n aa cardiac	: ог гевриак	ory arrest,	interval Between
	IMMEDIATE CAUSE (Final disease or condition								
	disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):								
,	Lever								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
₹	Cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
H	L d	J							<del></del>
AL 0	PART II. Other significant conditions	s contributing to death t	out not resulting in the	underlyln	g ceuse given in	Part I. 24	PERFORME		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
2						_   1	YES 2	411	COMPLETION DF CAUSE OF DEATH?
ME									1 YES 2 NO
PHYSICIAN: MEDIC									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PI HER:	ACE OF DEATH (Ch	neck only one)			
YSI	1 U YES 2 NO	1   Inpetient 2   ER/Out	patient 3 DOA 4 D	Nursing Non	e 5 Residence				
PH	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		RK7	28d. DESCR	IIBE NOW INJU	IRY OCCUR	ED
M 1 YES 2 NO									
COMPLETED	3 Suicide 4 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)							tural Houte Number,	
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.									
OM	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on and/or investigation, in	my opinion, o	leath occured at the	Hme, date en	d place, end d	ue to the co	suse(e) end menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	0		29c. LICENSE NU	MBER	26	od. DATE SI	GNED (Month, Day, Year)
O BE	KANUCL	maux	by W.	7	DOT	158	7 1	11	1-4-94
5	30. NAME AND ADDRESS OF PERSON WHO		7	1410	1	C. Commercial Commerci	RI	4 11	20744 ASH. M.L.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		. 1.6	A I VING	23104	70, /	4. 00.	IJA. P. V.
	NOV 1 0 1994	1 Falis David	PIN						



IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR CERT	IFICATE C	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	MARY LEE GOOI	34011	J	MONTH O	O X	AR 17/3 W
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthde	ay) IF UNDER 1 YE	R IF UNDER 24 HRS.	7. DATE OF BIRTH	77.4	BIRTHPLACE (State or Foreign
	10000	MONTHS DAT	T T	(Month, Day, Year)	0	Country)
	213-03-0108 1 M 2 M F 79 YRS  9s. FACILITY NAME (If not institution, give street and number)		/N OR LOCATION OF DE	June 3, 1		Maryland
œ					9c. COUNTY (	
DIRECTOR	Carroll County General Hospita:	l Wes	tminster		Carr	coll
2	10a. STATE 10b. COUNTY 10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY
<u>۳</u>	Maryland Carroll	Westmir				LIMITS?
		NCS CILLI				1 TYES 2 NO
RA	405 Pahrian Court		21158			of what country?
FUNERAL	405 Babylon Court					ed States
교	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS	DECENDENT OF HISPAN specify Cuban, Mexical	IC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian, Black, Whits, etc.
B⊀			TES 2 NO Specify			Specify:
		- 1	a tr			White
E	(Specify only highest grade completed)	T'S USUAL OCCUP	ATION most of working	16b. KIND OF BUS	JINESS/INDUST	RY
ا ت	Elamentary/Secondary (0-12) College (1-4 or 5+)	T use retired.)				
Σ	12 Ho	omemake			mestic	2
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden	Sumame)	
BE	Charles Englar Rinehart			e Hesson		
2	196. INPORMANT'S NAME (Type/Print)			Noute Number, City or Town		
-	Rebecca L. Stoner 405	5 Babyl	on Court	, Westmi	nster,	, MD 21158
	20s. METHOD OF DISPOSITION 1 Burlal 2 M Cremetton 3 Removal from State cemeters, cremetory, cremeto		(Name of	DATE 20c. LO	CATION - City of	or Town, Stats
	4 Donetion 5 Other (Specify) Carroll	or other plece)	torv	11/9 Ha	mnstea	ad, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FAC	CILITY	mpbocc	idy Haryrand
	Sugar Hahort Wyer	Myer	s Funera	1 Home		
_				, Westmi		
1	23. PART I. Enter the diseases, pr complications that chused the direct. D shock, or heart failure. Liet only one cause on each line.	D not enter the	moda of dying, auci	n as cardiac or respi	retory erraet,	Approximate interval Between
	IMMEDIATE CAUSE /Final					Onset and Death
	disease or condition resulting in death)  e. CARDIOGI	ENIAP	JHOC	* K		
	DUE TO (OR AS A CONSEQUENCE	E OF):				
2	SEVERE	FINR	TIC ST	EN1031	8	
은	Sequentially list conditions, if any, leading to immediate	E OF):		211031		
8	CAUSE (Nacces of Johns					1
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE	E OF):				
E	resulting in daeth) LAST					ļ
DICAL	PART II. Other significant conditions contributing to deeth but not resulting	ng in the underl	ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1	ACULE REMAL FAI	LURI		1 YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?
ш	I CODONIA BU ADTERU	DISE	95E			1 YES 2 NO
=	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES INO				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF D	EATH (Check only o				
S	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:	Iome 5 🗆 Residence	8 - Other (Specific)		
Ĕ∥	27. MANNER OF DEATH 288. DATE OF INJURY 28b.		INJURY AT	28d. DESCRIBE HOW IF	WILLIBA OCCUBE	D.
		INJURY	WORK?  YES 2 NO	100 1100 1100	100111 OCCONE	·
B	2 Cutate — 28e PLACE OF INJURY — At home form			281 LOCATION (Street o	and Alexander are Or	TO A Market
	8 Could not be building, atc. (Specify)	in, street, factory, t	IIIC	26t. LOCATION (Street a City or Town, State)	na number or nu	Irei Pioute Number,
<u> </u>	Lan OFFICIAL A A					
릴	29e. CERTIFIER (Check only one) PHYSICIAN: To the best of my knowledge, death occurrence)					
COMPLETED	2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation	ation, in my opi <i>n</i> io	n, death occured at the	tims, dats and placs, and	d due to the csu	use(s) and manner as stated.
- 111	III 38h Signature and title of centicies /		29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month) Day, Year)
H		)	DZS	052	D 11	12/01,
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	iype, Print)	17-3			10/14
	HOFFET A SUED ON		SROADS	DR. O	MAIATA	7/1//
	31. DATE HETE (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	LNUX	כערוטרונ	1211. 0	W 1/1()	13 11/16
	NUVI 0 1994 July Davidson Revell					1
	() The same of the					



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

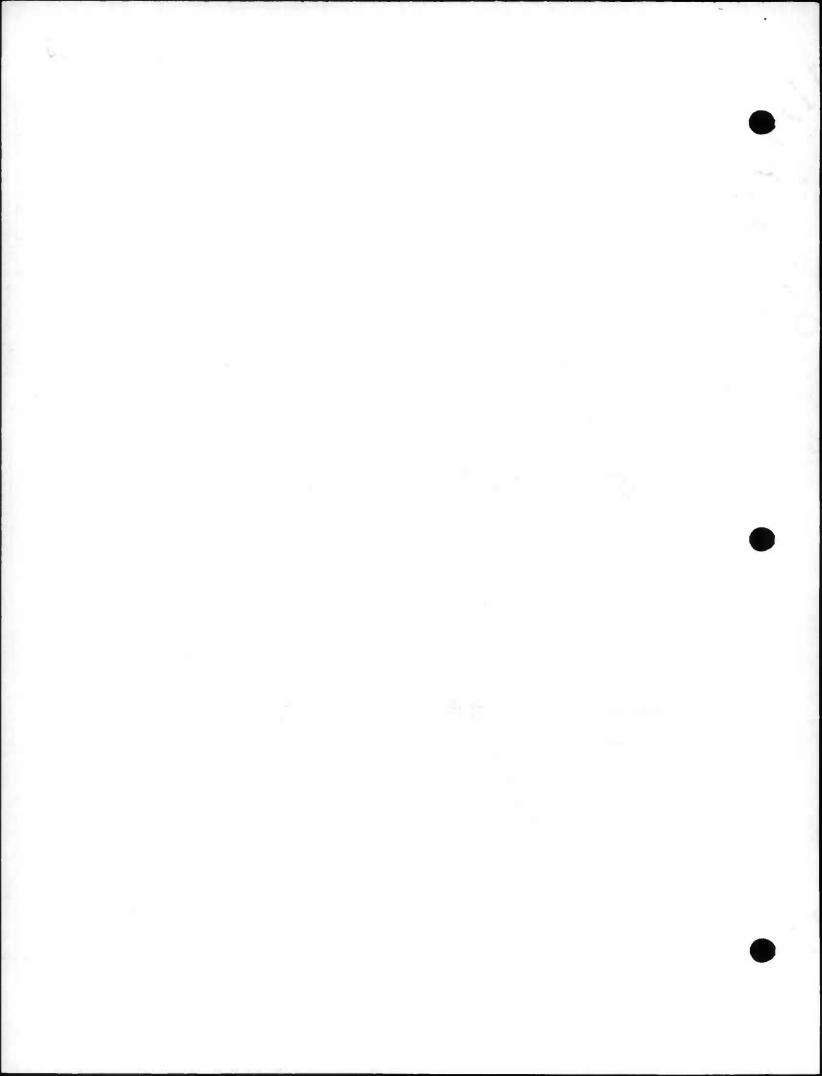
	1 - STATE REGISTRAR	0 01 1			OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	0 1				2. DATE OF DEATH		YEAR 3.	TIME OF DEATH	
	Joseph		Gu11o			Nov. 5	199		934 A	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	. BIRTHPL Country)	ACE (State or Foreign	
	577-34-2804	1 M 2 - F	82 YRS.			Apr.25, 1	912	New	York	
	9n. FACILITY NAME (If not inetitution, give str	eet and number)	96. CITY, TOWN OR LOCATION OF GEATI			EATH	9c. COUNT	Y OF DEAT	ГН	
DIRECTOR	Golden Age Nursin	ng Home			Sykesville		Ca	rro1	1	
ត្ត	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		100 017	Y, TOWN OR L	OCATION		·			
E									d. INSIDE CITY LIMITS?	
-	Maryland Ca	arroll		New V	Vindsor		T.,		YES 2 NO	
FUNERAL	P.O. Box 299				2177	۵.			AT COUNTRY?	
Z I	11. MARITAL STATUS	12 WAS DECEDENT EVE	O IN ITS ADMED	42 1480		NIC ORIGIN? (Specify Ye		.S.A		
3	1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO	If ye	s, specify Cuban, Mexic	an, Puarto Rican, etc.)	s or No- 14	Black, V	American Indies, Vhita, atc.	
B≼	3 Widowed 4 Divorced	W W II	DATES	1 🗆	YES 2 NO Speci	fy:		Specify: White		
Si I	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SINESS/INDUS	STRY	WILLE	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done durir ise retired.)	ng most of working					
집	12	5+	attorr	ney/CPA	1	priva	te law	nra	ctice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			,		AME (First, Middle, Maiden		pra		
O	Cologero Gullo					ia Messina	-			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St		La Messina Route Number, City or Tow	vn, Stata. Zin ∩	ode)		
임	Jack Gullo, Jr.					New Wi			21776	
	20a. METHOD OF DISPOSITION		0b. PLACE ANO DATE			OATE 20c. LC	CATION - CH	r Town	Z1770	
	1 △ Buriel 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	val from Stata	St Patr	other place)	Comotory					
	1 M Burlel 2   Cremation 3   Ramoval from Stata   Competery, crematory or other place)   St. Patrick's Cemetery   11/10 Mt. Morris, NY									
	of Alexi ()	(X/, D)	20.1				ırtzler	. & 5	ons	
_	23. PART i. Enter the diseeses, or co	· XVaux	ar		New Winds					
CERTIFICATION	ehock, or heart feilura. List only ona ceusa on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlisted equations)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Interval Betweer Onset and Death	
田	resulting in deeth) LAST	Posta	iti Camo	21						
	PART ii. Other algnificent conditions	contributing to deet	but not requiting	in the under	dulas ceuse alven in	Part i. 24a, WAS AN	LAIPPOROV	T 041 W	ERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL						PERFOI	RMED?	CC	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO	
ž	DID TOBACCO USE	CONTRIBUTE T	O CAUSE O	F DEATH	YES N	0 🔲				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	heck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 ER/O	utpatlant 3 DOA		Home 5 - Rasidenca	8 Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		JURY	E. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	RED		
- 1	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	RY — At home, ferm, pecify)	street, factory,	office	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my kn							nd manner as stated.	
E C	296. SIGNATURE AND TITLE OF CERTIFIER	-			29c LICENSE NU	MBER	29d. DATE S	SIGNEO (M	onth, Day, Year)	
2	James // / / / / / / / / / / /	Aus)			1) 2080	26	- ///	5/	77	
	30. NAME AND ADDRESS OF PERSON WHO TATRICK A TUK	eres, up	1425	2, Print	ty Road	Elderbe	up u	10	21784	
	31. OATE FILED (MONT) Pay (1997)	32 AEGISTRAR'S SI	CONTURE CONTES		7		/ .			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wilk hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev



WATER STATES

>	
Sec.	
4	
0	
_	
Z	
$\overline{}$	
U	
7	
တ	
_	
_	
$\overline{}$	
u	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

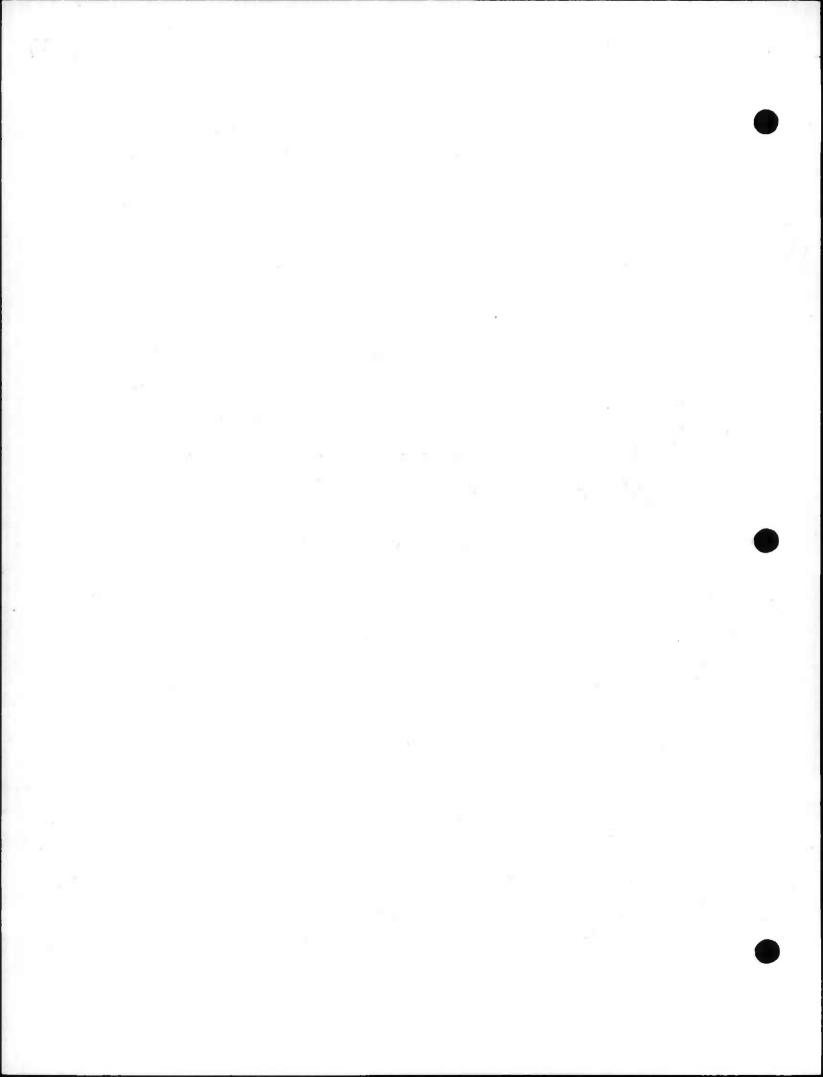
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE OF MARYLAND	) / DEPARTMEN CERTIFICAT	T OF HEALTH AND ME	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH DAY	YEAR	3. TIME OF DEATH		
- 1	MARTHA REBECCA GRINDLE			11 03		21:00 P M		
	212-24-1000	MONTHS		DATE OF BIRTH (Month, Day, Year)	Countr			
	9s. FACILITY NAME (If not institution, give street and number)	YRS.	1	-16-06	Mc			
ď	SACRED HEART HOSPITAL		'Y, TOWN OR LOCATION OF DEATI MBERLAND	1	9c. COUNTY OF D			
5	RESIDENCE OF DECEDENT		MDEKLAND		ALLEGA	ANY		
DIRECTOR	Md Allegany	10c. CITY, TOWN Lonacon				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Loracon				YES 2 ND		
FUNERAL	2 Rockville St.		21.539		USA	VHAT COUNTRY?		
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED 12	. WAS DECENDENT OF HISPANIC	ORIGIN? (Specify Yea o	r No- 14, RACE	— American Indian,		
ВУ Е	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2  3 ☑ Widowed 4 ☐ Divorced FORCES? 1 ☐ YES 2  IF YES, GIVE WAR OR DATES	XNO	If yes, specify Cuben, Mexican, F 1 ☐ YES 2 🔂 NO Specify:	varto Rican, atc.)	Whate	t, White, atc.		
ED B		5505050500		T-				
ETE	(Specify only highest grade completed)	Give kind of work done life. Do NOT use retired.	a during most of working	16b. KIND OF BUSIN				
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemaker		Home	е			
Ö	17. FATHER'S NAME (First, Middle, Last)			(First, Middle, Malden Su	urname)			
BE (	Peter Staup			venscroft				
0	19m. INFORMANT'S NAME (Type/Print) Martha A. Miller		iff St.,Lonaco					
		CEAND DATE OF DISPO			LJJJ	was State		
		C Mem. Pa			rland, Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22 F	NAME AND ADDRESS OF FACILI	io Elmora	1 Llomo			
- 1	Jane E. McKenso		naconing,Md.21		I Hone			
	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one ceuse on each	death. Do not anta	r tha moda of dying, euch a	a cardlec or reapira	tory arrest,	Approximata		
	IMMEDIATE CAUSE (Final	2 11.	0 T. /a	1 00		interval Batween Onaet and Death		
1	resulting in death) - * Mide Cerebral Infanction Suctour							
_	- (NA ORADA - Abtoms diale							
2	If any, leading to immedieta	SERVENCE OF:	14 1	1 /	D.			
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that injuried exercises.)	" Keguy)	74100 7 TE	MICKE	Karagi,			
	that initiated eventa resulting in daeth) LAST	F. C.	mollist	en-		1 1		
2	2.001.909	~	manu na			1		
8	PART II. Other significant conditions contributing to death but n	ot resulting in the u	Inderlying cause given in Par	PERFORM	E0?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	- May 200 Y	- 1 hal	46410-1	1 TYES 2	NO	OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	FATH YES	NO M UNCERTAIN	_		1 - YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. P	PLACE OF DEATH (Check						
	1 YES 2 NO HOSPITAL:	t 3 DOA 4 Nu	R: Insing Home 5 Residence 6	Other (Specify)				
	27. MANNER OF DEATH  28e. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?	d. DESCRIBE HOW INJ	IURY OCCURED			
2	2 Accident investigation 28a PLACE OF INJURY - A	t home, ferm, street, fe	1 YES 2 NO	f. LOCATION (Street and	d Alumber or Durel E	harda Alizabas		
MPLEIEU	Suicide 8 Could not be building, afc. (Specify)	The state of the s	20	City or Town, State)	Nomber of Abrai A	oute Number,		
7	29e. CERTIFIER (Check only	, death occurred at the	time, date and place, and due to t	the cause(a) and manne	er se stated.			
2 Examinent. On the basis of examinence investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and								
3 0	SIGNATURE AND TITLE OF CERTIFIER	100	29c. LICENSE NUMBE	R :	29d. DATE SIGNED	(Month, Day, Year)		
2	39 NAME AND APPRESS OF PERSON WAS COMPLETED CAUSE OF DEATH I	Ingl	D049	5/	NOV.	1,94		
	THANK HI () H. IN O AS	TAPA	TEPPARE H	ASTRILOR	2 md	21523		
- 1		CIINIU ,	I UNKILL I / 1	1-11011111	11/1	~// \"/ /		
	51. DATE FILED (Morth, Day, That) NOV 0.7 1994	Mall		/	1			

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death, Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	SIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the	IMPORTANT: If item 28 Is marked, o

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	TIFIC	ATE OF	DEATH	F	REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF C	DEATH
	Francis E	ugene	Green	1		N	ovemb		1 1	994 1:1	2 P M
8	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birt		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTHPLACE (State of	
- 6	220 32 4171	1X M 2 - F	59 v	RS. MON	THE DAYS	HOURS MIN.	May 2	29°°19	35	Maryland	
_	9e. FACILITY NAME (If not institution, give s			9b.	CITY, TOWN	OR LOCATION OF OR				TY OF OEATH	
8	Frostburg Ho	spital,	Inc.		Frostburg Allegany					egany	
DIRECTOR	RESIDENCE OF DECEDENT										
#	10a. STATE 10b. COUNTY		10		WN OR LOCA					10d. INSIDE (	CITY
	Maryland All	.egany	1	Fro	stbur	3				XX YES 2	
FUNERAL	10e. STREET ANO NUMBER				10	. ZIP CODE		1	10g. CITIZ	EN OF WHAT COUNTR	Y?
띮	101 Maple Street					21532			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMEO	,		ENDENT OF HISPAN			or No—	14. RACE — American	Indian,
BY F	1 Never Married 2 Married	IF YES, OIVE WAR	YES 2 NO			ecify Cuban, Maxice 2X NO Specify		n, etc.)		Black, White, etc.  Specify: TITIT TO	.
	3 X Widowed 4 Divorced	12/	1/53-8/4	/58		X				Specify: WHIT	L
ËΙ	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEO	ENT'S USU	AL OCCUPATION	ON ast of working	16b. KIN	O OF BUSIN	NESS/INOU	ISTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use ret	red.)						
₩	1.2		MAIN	TENAI	NCE		ST	ATE R	OADS.	OF MD	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd				
BE	ANDERSON J.	GREEN						MAR	Y MO	NAHAN	
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. M/	VILING ACE	RESS (Street a	and Number or Rural F	Route Number, (	City or Town,	State, Zip (	Code)	
۲	ANN KILDUFF		Р.	0. ]	30X 62	, MIDLAN	D, MD	21542			
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo	and the second	20b. PLACE ANO	OATE OF O	SPOSITION (Na	me of	DATE	20c. LOCA	ATION — C	City or Town, State	
	4 Donation 5 Other (Specify)	over from State	ST. MIC	HAEL	CEMET	ERY	11/4	FROST	BURG	, MD 2153	2
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	1		22. NAME AN	ID ADDRESS OF FAC	CILITY				
- 1	Mailan	1110/	DINA 1	)	SOWER	S FUNERAL	L HOME	, P.A	Q.		
-	////www	111700	nue w		60 W.	MAIN ST	FROS	TRUBC	MD	21532	
	23. PART I. Enter the diseeses, or o shock, or heart failure.	complications that c List Dnly Dne ceuse	aused the deeth. on each line.	Do not e	inter the mo	de of dying, suci	h ee cerdiec	Dr reepire	story erre		kimete si Batween
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death)	. Acute			infar	ction				1 h	our
			R AS A CONSEQUEN	ICE OF):							
N	Sequentially list conditions. COPD 2 years										
EDICAL CERTIFICATION	if any, leading to immediate	OUE TO (D	R AS A CONSEQUEN	ICE DF):							
2	CAUSE (Disease or injury	c									
E	that initiated evente resulting in death) LAST	OUE TO (O	R AS A CONSEQUEN	ICE DF):							
#		d						_			
2	PART ii. Other eignificent condition	e contributing to de	eth but not resu	iting in th	e underlyin	g ceuee given in	Pert I. 24	n. WAS AN AL	UTOPSY	24b. WERE AUTOPS	Y FINOINGS
2	-							PERFORM		AVAILABLE PR	
							1 [	YES 2	No	OF CEATH?	
Σ		_					_			t TYES 2	□ NO
AN	25. WAS CASE REFERRED TO MEDICAL										
길	EXAMINER?	HOSPITAL:		ОТ	26. PI	ACE OF OEATH (Che	eck only one)				
PHYSICIAN:	1 YES 2 NO	1   Inpatlant 2   E			-	e 5 🗆 Realdenca					
표	27. MANNER OF OEATH  1 Natural 5 Pending	28a. OATE OF IN (Month, Day,	JURY 28 Year)	b. TIME OF INJURY		URY AT	28d. OE\$CRI	BE HOW INJ	JURY OCCU	JREO	
BY	2 Accident Investigation					YES 2 NO					
- 4	3 Suicide 6 Could not be	26e. PLACE OF I	NJURY — At home, c. (Specify)	farm, street	, lactory, offic	•	28f. LOCATIO	ON (Street and	d Number o	or Rural Route Number,	
E 1	4 Homicide datarminad										
City or Town, State)  6 Could not be datarmined building, atc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(a) and manner as stated.							d.				
N										ceuse(s) and manner	es stated.
	29b. SIGNATURE AND TITLE OF CERMITER		<del>}</del>			29c. LICENSE NUN	ABEB	1.	294 DATE	SIGNED (Month, Day, Y	had
8	au	geer /	Ceane	-0			66		DATE.	11/2/6	71
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF OEATH (ITEM 27	(Type. Prin	)	0 10	e v			113 7	4
			48 Tarn			Frost	bura.	МА	21	1532	
	31. DATE-FILEO/MONN, CONTROL	AL REGISTRARY		-01		, 11050	~~19/	114.	۷.	1332	
	NUV 07 1994	- Tabasasa	Carolina .								



 $\mbox{\bf B.K.S}$  ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-718 12/5/94 t.t

Item 20b, 11-22-94, per F.H., per I.I., dr

FOR
STATE OF MARYLAND / DE
REGISTRAR
CER STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		1. DECEDENT'S NAME (First		CO	TaT 70 NT O	c						2. DATE O	F DEATH DA	γ.	YEAR	3. TIME OF DEATH
		WANDA  4. SOCIAL SECURITY NUMBER	LEE	5. SEX	WANS					1.50	- 1/1-	NOV	. 1	5		6:45 P M
p		218-40-3013   1   M 2   F   5				(In yrs. last	YRS.	IF UNDER	DAYS	HOURS	MIN.	Apr 1	5, 19	42	6. BIRTHPI Country)	LACE (State or Foreign
3 should	~	9a. FACILITY NAME (If not in						100		OR LOCATI		EATH			NTY OF DEA	
1. 2. 3	DIRECTOR	13717 CECIL DRIVE CRESAPTOWN ALLEGANY										N Y				
ages 1	REC	10a. STATE 10b. COUNTY						Y, TOWN (					-		10	10d. INSIDE CITY
permit. Pages	L DI	MD	Alle	Jany ———			Cre	sapt								YES 2 NO
	ERAI	100. STREET AND NUMBER  101. ZIP CODE 109. CITIZEN OF WHAT 13717 Cecil Avenue 21502 USA										IAT COUNTRY?				
020 physician. burial-transit	FUNE	11. MARITAL STATUS										NIC ORIGIN?	(Specify Yea	or No-	14. RACE -	- American Indian,
5-0020	Β¥	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES IF YES, GIVE WAR OR DA					24 NO If yea, specify Cuban, Maxican, P 1 ☐ YES 24 NO Specify:									white, atc.
S(V)	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Giv	re kind of v	USUAL O	CCUPAT during m	TION nost of workin	19	16b. i	KIND OF BUS	INESS/IND	USTRY	
	COMPLET	Elementery/Secondary (t	College (1-4 or 5	College (1-4 or 5 +)			Operator			Hunter Dougla		glas	Inc.			
the hord detail	₩0	17. FATHER'S NAME (First, M							AME (First, Middle, Maiden Surname)							
d by the	BÉ	William		er									(Micha			
E, MARYI y be retained, by vage 5 should be be notified at	10	William G.	Gowan			137	717 (	Ceci.	l Av	venue	nd Number or Rural Route Number, City or Town, State, Zip Code enue; Cresaptown, MD 215					
BALTIMORE, MARYL after death. Page 6 may be retained by the funeral director, page 5 should be noval. cal examiner must be notified at		20a. METHOD OF DISPOSIT  1 Burlel 2 Crematic 4 Donation 5 Other		ovaf from State	20b	PLACE A	nd pate inue l LOII	OF DISPOS	Jhui Lhui	rch C	nson emet	ery/1	9 Fin	zel,	City or Town	n, Stata
th. Pay		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		11						eral	Home			
BAI the fur the fur oval.		yans	17	RICO	De	u	1			erlan						1
ely filled in the ration, or rer,		23. PART I Entar tha diseases, or complications that daused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ALCOHOL INTOXICATION														
2 5 5 5		•		DUE TO	(OR AS A	A CONSEO	UENCE O	F):								
Secu xecu and and bur bur	ON	Sequentially list conditions,  Meany leading to immediate  b. Due TO (OR AS A CONSEQUENCE OF):														
P.O. BOX ith certificate be e tending physician al Hygiene prior to or other traum	CERTIFICATION	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury														
certificate ding physi lygiene pr	TIFI	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST														
DS, P.O. the death cert the attending Mental Hygie Injury, or off	CER	d														
	DICAL	PART II. Other algolifica	int condition	s contributing to	daath b	out not ra	aulting	In the ur	derlyk	ng cause	givan In	Part i.	24a. WAS AN / PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
uires that signed by Health an ws any	EDIC											-	1 TYES 2	□ NO	۰ ا	COMPLETION OF CAUSE OF DEATH?
P of H	: ME	DID TOBACCO U	ISE CONTI	RIBLITE TO CA	LISE O	E DEAT	'H YE	:s 🗆 :	NO [	7 UNC	ERTAI				1	I C YES 2 NO
- E 8 9 %	SICIAN:	25. WAS CASE REFERRED T			.552	28. PLACE	-	TH (Check	only one		ER IPAII	7 🔲				
VITAN:	YSIC	1 X YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3 (	□ DOA	OTHER		me 5 to Ri	sidenca	6 Other	(Specify)			
ON OF VITA DING PHYSICIAN: The After this certificate hi death with the State E s marked, or item	ВУ РНУ		rending Investigation	28a. DATE OF (Month, S	Day, Year)	-94	286. TIM FOUND 5:40	URY	W	YES 2	J(NO	UNKNO	WN	JURY OCC	URED	
ISIC ITTENDI TIDR: A after da	TED		Could not be determined	28e. PLACE C building,	OF INJURY atc. (Spec	cify)		SIDEN		lce		City or	TOWN (Street a Town, State)	13/1/	CECIL	DRIVE
DIV TAL OR A AL DIREC 72 hours If item	PLE		IFYING PHYSI	CIAN: To the beat of	my know	ledge, dez	th occurr	ed at the t	lme, dat	te end placa	, and due	to the caus	e(a) and man	ner aa atat	ed.	
HOSPITAL FUNERAL WITHIN 72 TANT: If	СОМР	one) 25 MED	ICAL EXAMINE	R: On the basis of a	xaminatio	n and/or In	westigatio	on, in my o	pinion,	death occur	red at the	fime, data a	nd placa, and	dua fo th	e cause(s) s	and manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	BE (	29b. SA NATURE AND TITLE	OF CERTIFIER	110							ENSE NUM				· ·	Month, Day. Year)
₽ ₽ 3 <b>X</b>	5	30. NAME AND ADDRESS OF	F PERSON WHI	O COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Tvpa	Print)		10.	C.M	. E		N	OV.	16,1994
		MARYSON	Y.AC	MAL	1	11 F	enn	St:	ree	et, B	alt	imor	e, Ma	aryl	and	<b>21</b> 201
		31. DATE FILE NOW 2	<sup>2</sup> 1994	32. REGISTRA	DEL SIGN	ATURE SEA	HAD	5								

į\*

distribution of the	cian.	Il-transit p	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with your after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be detached for use as the burial-transif p be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
YLAND 2	by the hospital	be detached for	at once.
MAR	be retained	e 5 should	e notified
MORE	ge 6 may t	lirector, pag	r must be
BALTII	er death. Pa	he funeral or	examine
	ours after	illed in by to	se medica
3760.	ited with	completely ial, crematic	c event, th
BOX 68	ate be execu	ysician and prior to bur	r traumati
, P.O. I	eath certific	attending ph tal Hygiene	y, or othe
ORDS	s that the d	ned by the	any injur
L REC	law requires	as been signed by the signed by the signed s	23 shows
FVITA	ICIAN: The	the State D	, or item
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	<b>NOING PHYS</b>	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVIS	L OR ATTEN	L OIRECTOR	item 28
	IE HOSPITAL	HE FUNERAL	DRIANT: 11
	10 H	TO THE	IMPO

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENI REG. NO.						
1. DECEDENT'S NAME (First, Middle, Las	()			2. DATE OF CEATH	Y _ YEAR	3. TIME OF OEATH				
WILBERT PAUL GOI	1			1109	- 1994	17.468				
4. SOCIAL SECURITY NUMBER 220109154	1 📉 2 🗆 F	81 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.		13 MA	RYLAND				
99. FACILITY NAME (If not institution, give SACRED HEART HOS RESIDENCE OF DECEDENT		9	CUMBERLAND	DEATH	ALLEGA	NY COUNTY				
10e. STATE 10b. COUN	LEGANY		WLINGS	1 5		10d. INSIDE CITY LIMITS?  1) YES 2 NO				
ROUTE 3, Box 2	262		101. ZIP CODE 21557		U.S.A	OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Mex 1 TES 2 NO Spe	ican, Puerto Rican, etc.)	or No- 14. RAC Blac	ACE — American Indien, Black, White, etc.				
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use i TRUCK	k done during most of working etired.)	CONSTR						
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden :	Surname)					
ULYSSES GORDON			MARGA	RET ODESS	A CRABT	REE				
190. INFORMANT'S NAME (Type/Print)			DDRESS (Street end Number or Run	al Route Number, City or Town	, State, Zip Code)					
JANE FOREMAN		1150	BRADDOCK ROA	AD - LAVAL	E, MD	21502				
20e. METHOD OF DISPOSITION  1 (M Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  BIERTOWN CEMETERY 11/12/94 RAWLINGS MID										
21 SIGNATURE OF FUNERAL SERVICE LICENSEE										
23. PART I. Enter the discesses, o	RAL HO	ME, P.A. MD'21502								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	BOR TO (OR AS	A COMBEQUENCE OF):	Antery and It	Infanct. Dista	ion.	Oneset and Seese Or 10th Gyrs				
PART II. Other significant conditi	ons contributing to death	but not resulting in	the underlying cause given	in Part I. 24s WAS AN PERFOR	MED?	MERE AUTOPSY PINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINERY				F DEATH (Check only one)						
1 TYES 2 NO	1   Inpution 2 XERVO		OTHER: ☐ Nursing Home 5 ☐ Resident	Home 5 □ Residence 8 □ Other (Specify)						
27. MANNER OF DEATH	28s DATE OF INJURY (Month, Day, Year	28b. TIME (	TY WORK?	284. DESCRIBE HOW IN	CURY OCCURED					
1 Netural 5 Pending Investigation 28e. PLACE OF		RY — At home, farm, stre	M 1 VES 2 NO	38f. LOCATION (Street and Number or Flural Florite Number, City or Seen State)						
4 Homicide determined building, etc. (Specify)  See, CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner se steted.										
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY										
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY	NER: On the basic of examination	tion engror investigation,	In my opinion, death occured at 1	the time, date end place, en	due to the ceuse	(a) end menner ee stated.  D (Month, Day, Year)				

- 10 VOV

FOR

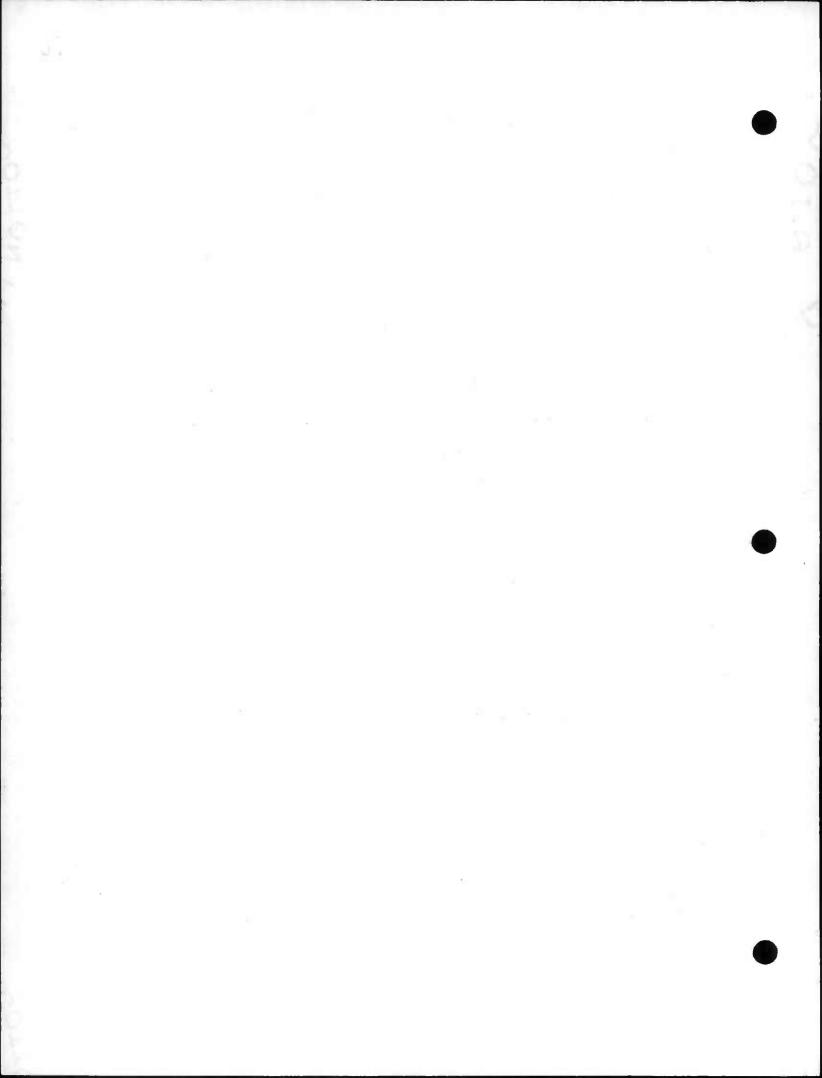
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI				DEATH		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
		Fannie	nnie Viola GOODSELL					November 6, 1994			7:36 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX (	8. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	HPLACE (State or Foreign	
	218-24-9624	1 ☐ M 2 🂢 F	91	YRS.	MONTHS	DAYS	HOURS MIN.	Apri	1 26,	1903		yland	
	9a. FACILITY NAME (If not institution, give str	eet and number)			96. CITY, T	OWN C	R LOCATION OF DE	EATH		9c. COU	NTY OF D	DEATH	
DIRECTOR	Northampton Manor	Nursing	Home		Fre	der	ick			F	rede	erick	
Ä.	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?	
	Maryland Fre	ederick			Fre	der	rick			1X YES 2 □ NO			
AL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
<u>E</u>	200 East 16th Stre	eet					21701				U.S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	IMED NO	If y	yes, sp	ENDENT OF HISPAI ecity Cuben, Mexice 2 X NO Specifi	n, Puerto I		e or No—	Blac	E - American Indian, k, White, etc. #/y: White	
ED	15. DECEDENT'S EDUC. (Specify only highest grade of		18e. DE	CEDENT'S	USUAL OCC	UPATIO	)N	18b	. KINO OF BU	SINESS/IN	DUSTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT u	se retired.)	nng mo	st or wonang						
<u></u>	6		I	Dieti	tian				Hospi	tal			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA						
BE (	Hai	rley Mil	lard H	BERE	_		Stel	lla M	lae RIO	CE			
5	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural						
	Mr. Ralph E. Goods			4716	Teen	Bar	nes Road	d, Fr	ederi	ck, M	Md. 21702		
	20a, METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Remove	val from State	20b, PLACE cemetery, cre		OF OISPOSIT	ION (Ne	me of	OAT	E 20c. LC	CATION -	City or To	own, State	
- 1	4 Donation 5 Other (Specify)		Mount	Oliv	ret Ce		ery, 11/		Fre	deric	ck, M	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	COLUMN TO SERVICE STATE OF THE PARTY OF THE					D AODRESS OF FA		D 7	D	7 7	T	
	Allan H	Kul	1/ M	00703	3 10	ene 6	ey & Basi	rora roh S	P.A.	runer	al h	Md. 21701	
	23. PART I. Enter tha diseases, or co	omplications that	caused the da	ath. Do								Approximate	
	ahock, or haart failura. L	iat only ona cous	e on aach lina	1.								intarval Between Onsat and Daath	
	iMMEDIATE CAUSE (Final disease or condition	00-2500	م أم ، ما أن	000		,							
	resulting in death)  a. UZhelmers Cleventia  OUE TO (OR AS A CONSEQUENCE OF):										3 YRS		
ا ۔	_						A					10 DAYS	
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate  b. as pivaten presented on the property of the pr											10 310	
₹ I	cause. Enter UNDERLYING											5 YRS	
Ĕ	that initiated events	CAUSE (Disease or injury											
	resulting in death) LAST												
	PART II Other significant conditions	contributing to d	lanth hut mat		In the cond		. ASSUREMBLE 12	D. 4.1					
EDICAL	TART II. Othan significant conditions	contributing to a	Main but not i	rasulting in the underlying cause given in				PERFORMEO?			246	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ا ق									t TYES	2 NO		COMPLETION OF CAUSE OF DEATH?	
Σ										,		1 TYES 2 NO	
ž	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEAT		ES NC					`	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	neck only on	ne)				
YS		1   Impatient 2			4 Nursin	ng Hom	e 5 🗆 Residence						
H	27. MANNER OF CEATH  1 Natural 5 Pending	28e. DATE OF III (Month, Day		28b. TIN	IE OF 2	WO	URY AT RK?	28d. DES	CRIBE HOW	INJURY OC	CURED		
BY	2 Accident Investigation				М		rES 2 NO						
ED	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY At he tc. (Specify)	ome, ferm,	atreet, factor	y, offic			ATION (Street or Town, State		er or Aural	Route Number,	
ETE	4 Homicide determined												
2	29e. CERTIFIER (Check only	IAN: To the best of m	ny knowledge, de	ath occur	ed at the tim	e, date	end place, end due	to the cau	use(s) end me	nner as sta	ited.		
COMPLET	one											e) end manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	C 1			_		29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
H H	Modrow	0 00	o lun	_			0219	36		•	11/	7/94	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Type	, Print)							-//	
	Dr. Andrew O. Done	elson, M.	D., 915	Tol	1 Hou	se	Avenue.	Fred	erick	Md	217	01	
	31. DATE FILED (Month, Day, Year)							-1 CU	-1 1C1	110.	411	OT.	
	NOV 0 9 1994	10.00	AUGUST A	andell	1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760



BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	AND AND ALL ALL AND AND AND AND AND AND AND AND AND AND
	acuted within 2-mours after death. Page	and no manufactured in the state of many of the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	aw requires that the death certificate be exc	to the state of the state of the state of
DIVISION OF VITAL	. OR ATTENDING PHYSICIAN: The la	Company of the same of the sam

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	1 -	
------------------------	-----	--

	REGISTRAR	CERTI	FICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Har			2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	ACE (In an invalidad			11 0)	44	0245 "
	216-07-6508 1 M 2 M F	AGE (In yrs. last birthday 78 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 29	Count	HPLACE (State or Foreign fry) aryland
	Sa. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF E	
DIRECTOR	Carroll Lutheran Village He	althcare	Ctr. W	estminste	r	Carr	011
Ü	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOC	ATION			10d. INSIDE CITY
<u>=</u>	Maryland Carroll		Westmin	ster			LIMITS?
	10e. STREET AND NUMBER			of, ZIP CODE		10g. CITIZEN OF	
FUNERAL	Carroll Lutheran Village He	althcare	Ctr.	21158		United	States
5	11. MARITAL STATUS  12. WAS DECEDENT E FORCES? 1		13. WAS DE	CENDENT OF NISPAN	IC ORIGIN? (Specify Yes	or No 14. RAC	E — American Indian, ik, White, atc.
В	1 Never Married 2 Married IF YES, GIVE WAR	OR DATES		pecify Cuban, Mexical S 2 NO Specify		Spec	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		'S USUAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTRY	100
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT	of work done during n use retired.)	ost of working			
MP	6	Nurs	es Aide		Hosp	ital	
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)				ME (First, Middle, Meiden	,	
BE	Harrison Leo Davis			Ethe	1 Mae Ship	ley	
5	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town		
	Elsie M. Gore				Finksburg,		048
	20e. METHOD OF DISPOSITION  1]X Burlal 2 Cremation 3 Removal from State	20b. PLACE AND DATA cemetery, crematory or				CATION City or To	- AV
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Mt. Zion	U.M. Ce	Metery	11/11 F	<u>inksburg</u>	, Maryland
	\$ 5400 x x x 4100	Hyd.	Myer	s Funeral	Home		
$\dashv$	23. PART I. Enter the diseases, or complications that a	KUTU	91 W	illis Str	eet, Westm	inster.	
	shock, or heert fellure. List only one ceuse	on east line.	not enter the in	oue or dying, auci	a cerolec or reapi	ratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	NV.					Onset and Death
	resulting in death) a. OUE TO (OR	AS A CONSEQUENCE	OFI:				
,		no n oundedochoe	01).				1
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE	OF):				
8	cause. Enter UNDERLYING CAUSE (Disease or injury						! !
	that initiated events DUE TO (OR	AS A CONSEQUENCE	OF):				
	resulting in death) LAST						
2	PART ii. Other aignificent conditions contributing to de-	oth but not resulting	g in the underlyi	ng cause given in	Part I. 24s. WAS AN	ALITOPSY 241	. WERE AUTOPSY FINDINGS
2	-Prior rectal carcino	un a			PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- Prior Addoninal Aor	tic Aner	Cucus	PARIC	t TYES 2	X <sub>NO</sub>	OF DEATN?
2	-Prior hip tracture	71-11-00	13001	90001			1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		26. 1	PLACE OF GEATH (Che	ock only one)		
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpatient 2 EF	/Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: ME	27. MANNER OF/DEATN 260. OATE OF INJ (Month, Day.)		IME/OF 28c. IN	JURY AT	28d. OESCRIBE NOW II	NJURY OCCURED	
ВУ	Netural 5 Pending Investigation	941)		YES 2 NO			1
	3 Suicide 6 Could not be 26e. PLACE OF IN	JURY Al home, ferm	, atreet, fectory, off	ce	261. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
	4 Homicide determined				ony or lown, orato,		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occu	erred at the time, da	e end plece, end due	to the ceuse(s) end man	iner es stated.	
COMPLETED	one) MEDICAL EXAMINER: On the beele of exem						e) end menner ee stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUM	IBER	29d, DATE SIGNED	(Month, Day, Year)
) BE	James of Starte	Mar		7550	-61	MI-01	C-94
2	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F OEATH (ITEM 27) (Ty)		, 000	2 2	71 00	
1	James L. Forsberg.	WD 912	2 Wash	infon	Road U	Vesturi	noter and
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE		V		1 7144	77.6
	NUVI 0 1994 Julia Davelson &	arola II.					0/117

Tid.

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO	D.						
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
VERLIN	L. HARRISON	J			November	1. 1994	7:00 A					
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIRT	HPLACE (State or Foreign					
455-42-1074		76 78 YRS.	ONTHS DAYS		Sept. 25		xas					
9a. FACILITY NAME (If not institution, give :	street and number)			OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH					
504 Camelot Dr.  RESIDENCE OF DECEDENT  100. STATE  Maryland  H			Be	l Air		Harfo	rd					
100. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOC	ATION			10d. INSIDE CITY LIMITS?					
Maryland H	arford		Bel A	ir			1 YES 2 NO					
10e. STREET AND NUMBER				IOI. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
100. STREET AND NUMBER  504 Camelot Dr.  11. Marital Status			0.1	21015		USA						
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ECENOENT OF HISPA	NIC ORIGIN? (Specify Y	na or No- 14. RAG	E - American Indian,					
	FORCES? 1 X YES			specify Cuban, Maxic ES 2 🔀 NO Speci	en, Puetto Rican, etc.)	Spe	ck, White, etc.					
	WWII & Kore	a				White						
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	done during i	TION most of working	16b. KIND OF B	JSINESS/INDUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)									
12		Milit	ary		US	Governmen	t					
Elementary/Secondary (0-12) 1.7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, Middle, Malde	n Sumame)						
	Harrison				Ethel Rol							
O I 198. INFOHMANT'S NAME (Type/Print)					Floute Number, City or To							
D. George Harris					Air, Md.							
20a, METHOD OF DISPOSITION 1 & Burlat 2 Cremation 3 Rep	ovat from State	PLACE AND DATE OF I	nlanal		1	OCATION — City or						
4 Donation 5 Other (Specify)	4 Donation (Specify) Arlington National Cemetery 11-7-94 Arlington, Va.											
21. SIGNATURE OF FUNERAL SERVICE OF	THE MAN CO	TO		AND ADDRESS OF F	иситу Comas III 1	Dunoral E	iomo D 7					
1 Tanus	KINL	Tm-			y Rd., Ab							
23. PART /. Entar tha diseases, or	complications thet caused	tha death. Do not	anter the n	noda of dying, su	ch es cardiac or rea	piratory erreat.	Approximate					
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition											
Sequentially list conditions, if any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in daeth) LAST	If any, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificent condition	na contributing to daeth b	ut not resulting in	tha underly	Ing cause given in	Part i. 24s. WAS A	N AUTOPSY 24	b. WERE AUTOPSY FINDINGS					
PART II. Other eignificent condition					PERFO	RMED?	MAILABLE PRIOR TO COMPLETION DF CAUSE					
N, B On					1 TYES	2   NO	OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation	1				-	1	1 TYES 2 NO					
Z5. WAS CASE REFERRED TO MEDICAL			20	PLACE OF OEATH (C	hank and and							
EXAMINER?	HOSPITAL:		THER:									
27. MANNER OF DEATH	1 Inpetient 2 ER/Outp 28s. OATE OF INJURY	28b. TIME C		ome 5 Residence		IN HIEW COCHEC						
1 Netural 5 Pending	(Month, Day, Yeer)	INJUR	Υ \	VORK?	28d. OEŞCRIBE HOW	INJUNY OCCURED						
	280. PLACE OF INJURY	- At home term stre			28f. LOCATION (Stree	and Number of Russi	Bouts Number					
4 Homicide 6 Could not be determined	building, etc. (Spec	rfy)			City or Town, Stat	e)	rious ramos,					
	ICIAN: To the best of my knowl											
			п пу оршоп	_								
29b. SIGNATURE AND TITLE OF CERTIFIE	К			29c. LICENSE NU			E SIGNEO (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WIT	IO COMPLETED ONLINE OF THE	ATH OTHER S		D32	-277	299 19/1/50						
				0								
31. DATE FILED (MOVID), QAY, 301)	2012 4/65	LAUre/	BUSH	RS								
31. DATE FILED (Month, Oay, 35er) 1994	3Z. HEGISTHAR'S SIGN.	Chardall										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermediate the control of the con

g<sub>1</sub>

-		
Q		
CUDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u		once.
8		F
Should 5		otified
30e		De 1
Ö,		nst
direct		E
uneral		128 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
ä	OVA	10
6	E	a B
5	0	E
1	ion,	the
npietery	s after death with the State Dept. of Health and Mental Hygiene prior to bunfal, cremation, or removal.	vent,
000	lal.	2
and	pnq c	nati
an	70	ine
ysic	bud	r tr
ā	ene	the
ding	2	0 1
ren	in in	0
he a	Mem	lun
6	2	Ξ
De	£	3
Sign	Hea	1
Deen	, of	sho
Jas I	Dept	23
cate	State	Item
e di	the	0
This c	with	ked.
ter	ath	Tar
Y	de.	60
DR.	after	28
S	50	64

	1. Decedent's NAME (Fit Dorothea		м.	На	CERTIF				10	2	4 19	94	. TIME OF DEATH
	4. SOCIAL SECURITY NUI  217-01-680  90. FACILITY NAME (# not	1	5. SEX 1 M 2 F		76 YRS.		DAYS	IF UNDER 24 HRS, HOURS MIN.	7/9	of BIRTH h, Day, Year) /1918		Mary OF DEA	
TOR	18 Somerse	t Avenu			45			ce City	CAIN .			rces	
DIRECTOR	10s. STATE Maryland	Worce				y, town or COMOK		N. III					Od. INSIDE CITY LIMITS? YES 2 1
FUNERAL	100. STREET AND NUMBER  18 Somerse  11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN It'S	ARMED	13 148		21851	NIC OBIGII	12 (Specify Ver		USA	AT COUNTRY?
D BY FL	1 Never Married 2 3 Wildowed 4 Di	Ivorced	FORCES?	YES 2	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2 NO Specify:  Specify: W				White			
COMPLETE	(Specify o	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ontary/Secondary (0-12) College (1-4 or 5 +)		+)	Give kind of a life. Do NOT us	work done dur se retired.)			168	. KIND OF BUS	SINESS/IND	USTRY	
ш	17. FATHER'S NAME (First, Columbus W		ОХ					16. MOTHER'S NA Annie			Surname)		
TO B		Emily G. Hart 18 Son			18 Son	erset	A	re Poc	omok	e City	, Md.	218	
	NaBuriel 2   Cremetion 3   Removal from State   Cemetary, crematory of					ist C 22. NA Mel	eme ME AN SOI		L HO	/27Poc		City	
CERTIFICATION	immediate cause (fine disease or condition resulting in death)  Sequentially list condition, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA	ditiona, nedlete LYING njury	а рие то RI	REMIA O (OR AS A COO O (OR AS A COO O (OR AS A COO O (OR AS A COO	FAILUF nsequence of ES MEI	RE n: LITU	S						Interval Bet Onset and
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the unit					in the unde	erlying	g ceuae given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	0	VERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA F DEATH?
	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	170		OTHER:	26. PL	ACE OF DEATH (CI	heck only o	ne)			
ĕ I	27. MANNER OF DEATH	Pending Investigation	1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA 4  28e, DATE OF INJURY (Month, Day, Year) 28b, TIME C INJUR				Bc. INJ	URY AT PES 2 NO	Residence 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED  I NO				
BY PHYSICIAN:	2 Accident	3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Youn, Stele)						ite Number,					
ED BY	3 Suicide 8 4 Homicide		building	etc. (apacity)									
D BY	3 Suicide 4 Homicide  29e. CERTIFIER (Check only 1	determined  ERTIFYING PHYSI EDICAL EXAMINE	ICIAN: To the best of a	f my knowledge									end menner es st

a distribution

e to the total of

STREET, MARKET STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

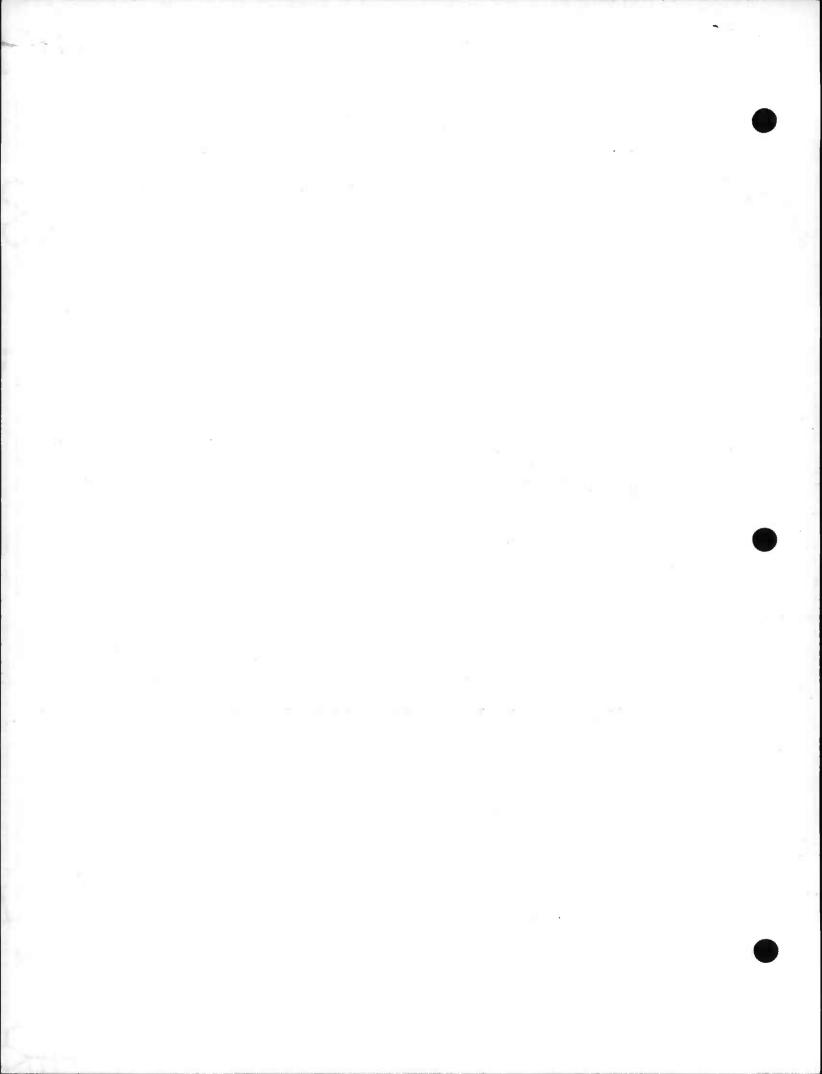
용		
9		į
P		ĺ,
호		
뜫		
S		
96		
ba		•
Ή,		•
ਝ		
i e		
9		
era		٠
5		
9	=	
£	8	•
3	E	
2.	E	
교	0	
ĕ	5	ĺ.
>	2	
ë	E	•
ᅙ	5	į
5	त्वं	٢
ö	'n	
딞	P	Ì
S	2	
Ö	ő.	í
3	ă	i
ā	9	
5	g	•
ğ	£	
2	re	
(a)	EII	
ğ	Ź	
3	5	۰
0	B	į
Ë	<u>=</u>	þ
S	H	
E G	0	
ĕ	Ĵ.	ì
SE	Pep	0
Ë	0	ì
ate	tate	
£	S	
ert.	the	i
Ü	=	4
Ë	*	
1	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
44	63	
-40.	0	

FOR	OTATE OF MA	DVI AND /	DEDAD					_		
1 - STATE REGISTRAR	STATE OF MA					MENTAL		E		
1. DECEDENT'S NAME (First, Middle, Lest)	Charles						OF OEATH	Y 4	5 ZEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lesi	birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE O	OF BIRTH	) (		HPLACE (State or Foreign
213-03-1021	1 📉 M 2 🗌 F		YRS.	MONTHS DAYS	1	(Month	, Day, Year)	016	Count	try)
	reet and number)	70		9b. CITY, TOWN C	OR LOCATION OF		19, 1			ryland
	al Hospit	a1		Frede	rick					
10a. STATE 10b. COUNTY			10c. CIT	, TOWN OR LOCAT	ION					10d, INSIDE CITY
Maryland Car	roll			Un	ion Bri	dge				LIMITS?
10e. STREET AND NUMBER								10g. CIT	IZEN OF	
6 Lehigh Drive	3			_	2179	1			U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. ARI	MED					or No-	14. RAC	E — American Indian, k, Whita, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced			0	If yes, spi 1 🗌 YES	2 NO Spe	ican, Puerto R cify:	tican, atc.)		Spec	
15. DECEDENT'S EDUC	ATION					18b.	KIND OF BUS	INESS/IN	OUSTRY	WILLEC
Elementary/Secondary (0-12)	College (1-4 or 5+)	(GA	Do NOT us	rork done during mo e retired.)	st of working					
11		s	tore	room cl	erk		ceme	nt c	0.	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, M	fiddle, Malden	Surname)		
					Beatr	ice E	verhar	t		
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADORESS (Street a	nd Number or Rur	el Route Numb	er, City or Town	, State, Zh	p Code)	
Louise F. Hahn			6 Lel	nigh Dr.	Unic	n Brid	dge, M	D 21	791	
20a, METHOD OF OISPOSITION  1 A Burlal 2 Cremation 3 Ramo  4 Donation 5 Other (Specify)	val from Stata	cemetery, cren	ND DATE C	ber place)	me of	117	15 20c. LOC	CATION —	City or To	own, State
	ENPEE / /	106.10	auı a	22. NAME AN	ID ADDRESS OF	FACILITY	I Un	lont	own.	MD
atharine O.	Harre	w						tzle	r &	Sons
23. PART I. Enter the diseases, or co	omplications that c	eused the dea	ith. Do n	ot enter the mo	de of dying, a	ich as card	iac or reapi	ratory ar	reat,	Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Palm	maky	UENCE OF	ibres	15				·	Interval Between Onaet and Death
Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
readiting in death) LAST										
PART II. Other aignificant conditions	contributing to de	eath but not re	eulting i	n the underlying	g causa given	in Part I.	PERFOR	MED?	248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH Y	YES   1	10 🗆				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:				ACE OF DEATH (	Check only one	9)		-	
EXAMINER?		R/Outpatient 3	□ DOA	OTHER: 4  Nursing Hom	e 5 🗆 Residenc	a 8 🗆 Other	(Specify)			
1 VES 2 NO	1 /1 Inpatient 2 L E		28b. TIMI			28d. OE\$	CRIBE HOW IN	JURY OC	CURED	
1 VES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	28e. OATE OF IN (Month, Day,		INJ		rES 2 NO					
1 U YES 2 NO 27. MANNER OF OEATH	28e. OATE OF IN (Month, Day,	NJURY — At hon			rES 2 NO		ATION (Street e or Town, State)	nd Numbe	r or Aurai	Route Number,
1 VES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER Check only	28e. OATE OF IN (Month, Day, 28e. PLACE OF I building, ate	NJURY — At hon: . (Specify)	ne, lerm, s	M 1 1	rES 2 NO	City of	or Town, State)	ner as ata	ted.	Route Number,
1 VES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER Check only	28e. OATE OF IN (Month, Day, 28e. PLACE OF I building, ate	NJURY — At hon: . (Specify)	ne, lerm, s	M 1 1	rES 2 NO	City of	or Town, State)	ner as ata	ited.	
	1. DECEDENT'S NAME (First, Middle, Lest)  4. SOCIAL SECURITY NUMBER  213-03-1021  9a. FACILITY NAME (If not institution, give str Frederick Memori RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 6 Lehigh Drive  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUC. (Specify only highest grade of the country of the country)  17. FATHER'S NAME (First, Middle, Last) OSCAT B. Hahn  19a. INFORMANT'S NAME (Type/Print) LOUISE F. Hahn  20a, METHOD OF OISPOSITION 1 Laburial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  ACCOUNTRY  22. PART T. Enter the diseases, or composition of the country of	1. DECEDENT'S NAME (First, Middle, Lest) Charles  4. SOCIAL SECURITY NUMBER 213-03-1021  9a. FACILITY NAME (If not institution, give street and number)  Frederick Memorial Hospit  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland 10c. STREET AND NUMBER 6 Lehigh Drive  11. MARITAL STATUS 1 Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) 1 College (1-4 or 5+)  17. FATHER'S NAME (First, Middle, Lest)  OSCAT B. Hahn  19a. INFORMANT'S NAME (First, Middle, Lest)  OSCAT B. Hahn  20a, METHOD OF OISPOSITION 1 Labural 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)  21. SIGNATUTE OF FUNERAL SERVICE LICENSEE  WHAPPER SERVICE LICENSEE  23. PART T. Enter the diseases, or complications that can be cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to define a significant conditions contributions contributions contributions contributio	1. DECEDENT'S HAME (First, Middle, Lest)  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest)  78  9a. FACILITY NAME (if not institution, give street and number)  Frederick Memorial Hospital  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Carroll  10c. STREET AND NUMBER  6 Lehigh Drive  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  11. FATHER'S NAME (First, Middle, Lest)  OSCAT B. Hahn  19a. INFORMANT'S NAME (First, Middle, Lest)  OSCAT B. Hahn  20a, METHOD OF DISPOSITION  1 LOUISE F. Hahn  20a, METHOD OF OISPOSITION  1 LOUISE F. Hahn  20b, PLACE A commotory, creen St. Price of Completed of Com	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthdey)  78 YRS.  99. FACILITY NAME (If not institution, give street and number)  Frederick Memorial Hospital  FESIDENCE OF DECEDENT  109. STATE  109. CATTOLI  109. STATE  109. STATE  109. COUNTY  Maryland  Carroll  109. STATE  109. STATE  109. OCOUNTY  Maryland  110. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO III YES 2 NO III YES, GIVE WAR OR DATES  109. STATE  109. ST	1. DECEDENT'S MAME (First, Middin, Last) 1. DECEDENT'S MAME (First, Middin, Last) 1. DECEDENT'S MAME (First, Middin, Last) 1. SCALLY NAME (First, Middin, Last) 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 10. STATE 10. COUNTY 11. MARITAL STATUS 1   Nover Married 2   Married 3   Widowed 4   Divorced 11. MARITAL STATUS 1   Nover Married 2   Married 3   Widowed 4   Divorced 11. SECEDENT'S EDUCATION (Specify only highest prade complished) Elementary/Secondary (0-12) 10. STORE NAME (First, Middin, Last) 1   STATE NAME (First, Middin, Last) 1	1. DECEDENT'S NAME (Piral, Middle, Last) 1. DECEDENT'S NAME (Piral, Middle, Last) 1. DECEDENT'S NAME (Piral, Middle, Last) 1. SOCIAL SECURITY NUMBER 1. S. SEX 213-03-1021 1. May 2   F	1. STATE REGISTRANE (First, Middle, Last) Charles Woodrow Hahn  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  2. DATE AND WOODROW HAND  3. DATE AND WOODROW HAND  4. SOCIAL SECURITY NUMBER  2. DATE AND WOODROW HAND  5. SEX 8. A. A. A. G. (No. 1) For I have to the sound of the sound hand  5. SEX 9. A. A. A. G. (No. 1) For I have a sound hand hand hand hand hand hand hand ha	1. STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  CERTIFICATE OF DEATH  REG. NO.  REG. NO.  CERTIFICATE OF DEATH  REG. NO.  REG. NO.  A. SOCIAL SECURITY NUMBER  213-03-1021  10 M 2   F	1. STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.  1. DECEDENT'S MAME (Pint, Middle, Last)  Charles  Woodrow Hahn  Certificate of Length (No. Down)  Maryland  Carroll  10. COLORION  Frederick Memorial Hospital  10. COLORION  Frederick Memorial Hospital  10. COLORION  Frederick Memorial Hospital  10. COLORION  Frederick Memorial Hospital  10. COLORION  Frederick Memorial Hospital  10. COLORION  Frederick Memoria	1. STATE OF MAIN TOUR PROPERTY NAME (FIRST, MASSES, LAST) 1. DECEMBRY SYMME (FIRST, MA

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5

14 32 Agaistrage's signature



2.0		29
739	9	ş
الما	7	Beans
		oit normit
020	physician.	husing bean
E, MARYLAND 21215-0020	ay be retained by the hospital or attending physician	name 5 charid he detached for use on the hudal tenesis normit
AND	the hospita	hadactah
IARYL	tained by	chould he
Ĕ, M	ay be re	Dane 5

BALTIMORE, MARYLAND	Spit	ped	al
A	he h	Jetac	ouc
7	by th	2	#
R	peu	pino	pa
×	retai	S	in the
щ	be	age	De 1
E E	E a	or. p	nst nst
2	ge 6	lirect	E
E	-E	izaj o	ine
AL	Seath	fune	ХЭП
B	fter	the	iai
	JIS a	rem rem	edic
4	O O	fled , or	E
	Ž	ely fil	#
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospits	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
87	uted	riai,	9
9	ожес	and o	ijeu
õ	90	ician	Te le
B	Cale	phys ne pr	T-
Ö	certi	ding	10
4	ath	tal H	, 0
SC	he de	Men Men	5
Ä	nat th	and	ı,
8	es th	gned	2 3
M	equir	en si	how
L	J ME	s be	3 \$
A	The	te De	E
5	AN	Sta	T te
L	SICI	cert h the	1,0
0	PHY	this with	rke
O	OING	After	E
SIC	LENC	DR.	80
$\leq$	A AT	RECT Irs at	2 E
	T DE	L Di	ite
	PITA	ERA in 72	=======================================
	HOS	FUN	M
	포	THE	POR
	2	무용	×

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN		
		Mond	OUISE	HAMMON	D	2. DATE OF DEATH DO	8 94	3. TIME OF DEATH
	214-52-0919	□ M 2 🕮 7 1	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) November 10	, 1922 Ma:	ryland
TOR	9a. FACILITY NAME (If not institution, give street UNIVERSIT	(HOSP		BALTI	MORE	ATN	9c. COUNTY OF 0	EATH
DIRECTOR	Maryland Wico	mico		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES 2 X NO
FUNERAL	8112 Pittsville-G	umboro Rd.		101	2 1850		10g. CITIZEN OF V	VNAT COUNTRY?
ВУ	11. MARITAL STATUS 12 1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 (X)NO	If yes, sp	ENDENT OF NISPANI ecity Cuban, Mexican 200 NO Specify:		or No — 14. RACI Black Spec Wh	
COMPLETED	5	College (1-4 or 5+)	Give kind of wor (Give kind of wor its. Do NOT use Homemake	rk done during mo retired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
BE CO	17. FATNER'S NAME (First, Middle, Last)  John (unk) Den	nis			Mary		naway	
욘	190. INFORMANT'S NAME (Type/Print) Betty Lee Marshal		7509	Jones H	astings F	oute Number, City or Town		1D_21849
L J	20a METHOD OF DISPOSITION 1 Disposition 3 Removal 4 Donation 5 Other (Specify)	Pit	ACE AND DATE OF	Cemete	ry	10/31 Pi	cation — cay as to	Care Care
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Mowans	_	Ho1 501	Snow Hil	neral Home 1 Rd.√ Sa	Highiry.	MD 21801
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE OF		de of dying, such	as cardiac of vesco	ultory argint,	Approximate interval Between Onset and Death 12 hows
CERTIF	that initiated events resulting in death) LAST d	DUE TO (OR AS A CC			4			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIB				NAMES OF STREET	PERFOR	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH	(Check only one)	e 5 🗆 Residence (			
BY PH	27. MANNER OF DEATN  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WO 1 🗆	PES 2 DO	28d. DESCRIBE NOW IF		cent
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — building, etc. (Specify)	Unkna	27		281. LOCATION (Street a City of Town, State)	-City	Soute Number,
COMPLETED		N: To the best of my knowledger the bests of exemination are						) and manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Elizabeth Oreesen				M.E.	BER	≥ NOIZ	
	30. NAME AND ADDRESS OF PERSON WHO CO ENTRACETH OREESEN	1 132 W. L	anjac	Sr Bo	Hi more	no zizi	7	
	31. DATE FILED (Month, Day, Year)  NOV 02 1994	Julia Davilson	Cardall					

. - .

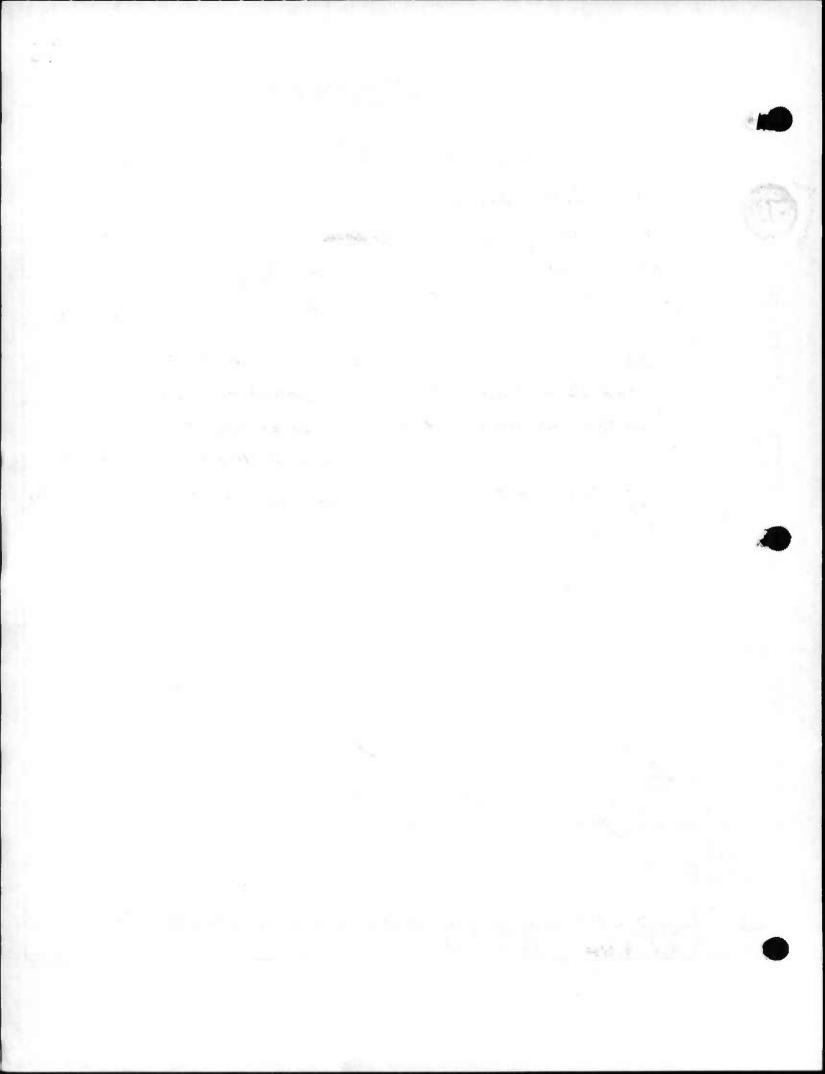
	200
0	Sician
8	Mo
5-0	nding
2	affe
$\overline{a}$	0
2	hospita
4	the
$\overline{\mathbf{x}}$	B
<b>BALTIMORE, MARYLAND 21215-0020</b>	. Page 6 may be retained by the hospital or attending physician.
7	e
R	APILL
0	9
Σ	Page
ALT	ofter death.
m	after

DIVISION OF VITAL BECORDS DO BOX 68760

4	Risa	-	1,2	1
BALLIMORE, MARYLAND ZIZIS-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	lilled in by the funeral director, page 5 should be detached for use as the burial-transit perm, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 60/00, BALLIMONE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-Mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene, prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

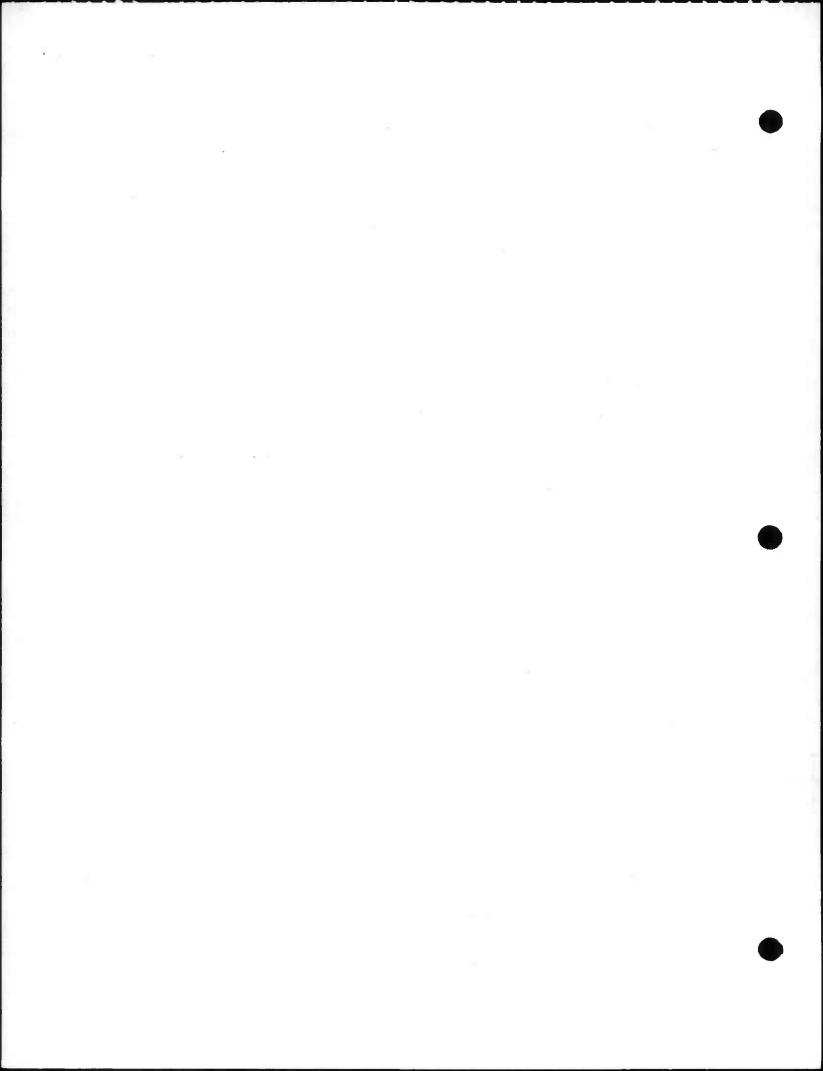
R NTE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH		REG. NO.
ENT'S MAME (First Addding I am		7	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
9	Dorothy H	Hughos			MONTH DAY	Q L	630 M
į	4. SOCIAL SECURITY NUMBER	5. SEX 3. AGE (III	yrs. last birthday) IF t	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	IPLACE (State or Foreign
	214-07-3370	1 M 2 XF	G YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) 09-08-08	M+.	Savage Md.
	9a. FACILITY NAME (If not institution, give stre-	et and number)	9b.	CITY, TOWN OR LOCATION OF DI		OUNTY OF O	
HC	Frost burg Villa	go Mursin	a Home 1	Frost burg	md.21532 A	Illea	9114
5	RESIDENCE OF DECEDENT			9,	1.101.2072	d	911
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATION			10d. INSIDE CITY LIMITS?
	190. STREET AND NUMBER	gany	[1]	SAWAG E			1 TO YES 2 NO
RA	RT. 1. Box 28	0		10f. ZIP CODE	10g.		WHAT COUNTRY?
FUNERAL		12 WAS DECEDENT EVEN IN	U.O. ADUEO	2127-		0.5.	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	n, Puerto Rican, atc.)	Black	E — American Indian, k, Whita, atc.
B₹	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES 2 NO Specifi	y:	Speci	JHITE
8	15. DECEDENT'S EDUCA		16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSINESS		Upille
ш	(Specify only highest grade co	College (1-4 or 5+)	life. Do NOT use reti	fone during most of working red.)			2
린	12		TEXTI	LE	CELANE	SEC	ORP
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11		18. MOTNER'S NA	ME (First, Middle, Maiden Suman	10)	
BE	FRANKLIN	1 HERGOT	7	BARG	BARA DODA	5	
5	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town, State	Zip Code)	
٦	JUDY H. WIL	LIAMS	16/W.	LEICESTER	AVE, NOLF	OKK.	VA.23503
- 1	20e. METNOD OF DISPOSITION 1 Description 2 Comments 3 Remove		PLACE AND DATE OF DIS		OATE 20c. LOCATION	- City or To	own, Stata
	4 Donation 5 Other (Specify)	5	T. GRORG	R CRMETER	1119 MT.=	AVA	GE, MD.
	21. SIGNATURE OF FUNERAL BERVICE LICES	) / /	/	22. NAME AND ADDRESS OF FA	CILITY		
	John V	. Join		DURSTYUN	ERAL HOME	. Fea	STBURG MA
I	23. PART   Enter the diseases, or conshock, or heart fellure. Lie	mplications that caused	the desth. Do not e			srrest,	Approximate
	IMMEDIATE CAUSE (Finsi	-					Interval Between Onset and Death
	disease or condition resulting in death)	S'eps	CONSEQUENCE OF):				
1		DUE TO (OR AS A	CONSEQUENCE OF):				
Z	Sequentially list conditions, b.						
Ĭ.	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
5	CAUSE (Disease or injury C.	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	242 10 (01) 10 1	oondeducings or j.				
E	d.						
AL	PART II. Other significant conditions	contributing to deeth bu	t not resulting in th	e underlying ceuse given in	Part I. 24s. WAS AN AUTOP PERFORMEO?	SY 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음	Le ny pre	ATION			1 TYES 2 10	5	COMPLETION OF CAUSE OF DEATH?
ME	UREMIA		•				1 - YES 2 - NO
ÿ		as eular	ACCID 5	UT with Dy:	sp1+11-91A		
2	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:	OT	28. PLACE OF GEATN (Ch	ack only one)		
PHYSICIAN: MEDIC	1 TYES 2 TONO 1	I Inpatient 2 ER/Outpa	tient 3 DOA 4 D	Mursing Name 5 - Residence			
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY	OCCURED	
8	2 Accident Investigation	28e. PLACE OF INJURY	At home form of our	M 1 YES 2 NO			
03	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Specif	y)	, tactory, offica	28f. LOCATION (Street and Nur City or Town, State)	nber or Rural F	Route Number,
COMPLETED	29a. CERTIFIER						
M M	(Check only 1 CERTIFYING PHYSICIA			the lime, data and place, and due			
8		On the basis of axamination	and/or investigation, in	my opinion, death occured at the	time, data and place, and due t	to the cause(a	i) and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	2220		29c. LICENSE NUI	IBER 29d.	DATE SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLOS OF	TH STEM AT ST	1 1/24	028	11/7	144
	LA LA	M.A F.	IN (ITEM 27) (Type, Print	PinaK	0	m	0.21532
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	DATBURG TURE	11,124,11	(0578026	11/1	0.00/33
	NOV 0 9 1994	Awayer Rarda	4				
	140 4 0 4 1334						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE  CERTIFICATE OF DEATH  REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	MARGARET			H(	OPKINS .			10	24			09:30 PM W	
			6. AGE (In yrs. le		IF UNDER 1 YEA	-	24 HRS.	7. DATE (	PERTH	010	8. BIRTI	HPLACE (State or Foreign	
			76	YRS.					1 13 1	918	MARY	EAND	
œ	9a. FACILITY NAME (If not institution, give stre				9b. CITY, TOV			EATH			JNTY OF E		
Ē	NORTH ARUNDEL HOS	PITAL AS	SOCIATI	ON	GLEN	BURN	IE				A.A.	COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	r, TOWN OR LO	CATION						10d. INSIDE CITY	
	MARYLAND ANNE	ARUNDEL		ANN	APOLIS							LIMITS?	
MI	100. STREET AND NUMBER				10f. ZIP CODE	2140	1		10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	1225 STONEWOOD CO	<u></u>					2140	1			USA		
E	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	EVER IN U.S. AF	RMED NO	13. WAS	ECENDENT O	F HISPAN	NIC ORIGIN	(Specify Yea	or No-	14. RACI Blac	E — American Indian, k, White, etc.	
BY	₩ Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	•	10	ES X X X	Specify	y:	,		Spec	tty:	
	15. DECEDENT'S EDUCA	TION	18e. Di	ECEDENT'S	USUAL OCCUP	TION	_	16b.	KIND OF BU	SINESS/IN		LACK	
	(Specify only highest grade co	College (1-4 or 5+)	176	ive kind of v b. Do NOT us	rork done during e retired.)	most of workin	g	1-2					
COMPLETED			F	HOUSE	VIFE								
8	17. FATHER'S NAME (First, Middle, Last) MACK GALLOWAY					18. MOTH	ER'S NA	BROWN	iddle, Maiden	Surname)			
BE													
2	19a. INFORMANT'S NAME (Type/Print) SARAH EVANS		19	L225 S	ADDRESS (Stre	OD CO	or Rural F	ANNA!	OLIS.	MD.	0 Code) 4	01	
				_	FDISPOSITION								
	20a, METHOD OF DISPOSITION  *** Burlal 2	al from State	cemetery, cre	ematory or of	her place)		10	/24/9			LIS,		
i	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	ANNAPO	)FT2 I	MEM. GA	AND ADDRES			74 AIV	INALO	LILO,	FIDA	
	D MA	)				E & S							
$\dashv$	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
	anock, or neart fellura. Lis	at Dnly Dne caus	e on each line	8.	or enter the	iloua bi dyi	ng, auci	n aa card	ec or reap	ratory ar	rest,	Approximete interval Batween	
1	IMMEDIATE CAUSE (Final disease or condition	Mica	- \- 0	Co.	-60	n	,	51	salc.			Onset and Death	
	disease or condition reaulting in deeth)  a. Musice Celebovasular Strake  Due to (or as a consequence of):												
z	the person of												
일	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury C.	DUE TO "	1										
Ē	thet initiated eventa resulting in deeth) LAST	DOE 10 (6	OR AS A CONSE	OUENCE OF	):								
8	d												
DICAL	PART II. Other significant conditions	contributing to d	leath but not	resulting i	n the underly	Ing cause g	lven in	Part i.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	Newsyll	en						_	1   YES 2			COMPLETION OF CAUSE OF DEATH?	
ME	0											1 TES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRI	BUTE TO CAL	JSE OF DEA	TH YE	S   NO	☐ UNC	ERTAIN	N 🔲					
ᅙ		IOSPITAL:			H (Check only o	10)							
4XS	1 YES 2 NO 1	28e. DATE OF II		28b. TIME	4 Nursing H		aldence						
	1 Natural 5 Pending	(Month, Day		INJ	JRY	NJURY AT WORK? YES 2	I MD	280. DEŞ	CRIBE HOW I	NJURY OC	CURED		
ě	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	ome, ferm, a			140	28f. LOCA	TION (Street a	nd Numbe	r or Rumil F	Route Number,	
	4 Homicide determined	building, e	tc. (Specify)					City o	r Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 A CERTIFYING PHYSICIA	N: To the best of m	ny knowledge, da	ath occurre	d at the time, d	tte and place	and due	to the cour	se(e) and mar	nor on etc	ted		
N N												a) and manner as stated.	
	250. SIGNATURE AND THE OF CERTIFIER					29c_LICE						(Month, Day, Year)	
8	am Dex					DY	192	7		> DAI	11/2	G vi	
유	30. NAME AND APPRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,	Print)							1.0	
	DR JORGE PEREZ-ALA	ARD, M.D	./3708	MOUNT	AIN RO	AD/PAS	SADE	NA, M	IARYLA	ND 2	1122		
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 07 1994 Julia Davidson Rendell												
	NOV 07 199	4 Julia	divoler	Hardal	6								
												DHMH-16 Rev 1/89	



FOR 1 . STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)  VILLIAM HERSHL HOLLOWAY  2. DATE OF DEATH  MONTH - DAY YEAR 2, 20PM										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   8. BIRTHPLACE (State or Foreign Country)   YRS.   MONTHS DAYS HOURS MIN.   (Month, Day, Vear)   Country)										
	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
DIRECTOR	AAMC ANNITOUS A, A.										
	10a. STATE D 10b. COUNTY A.A. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 NO										
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  2010 USA										
BY FUN	11. MARITAL STATUS  12. WAS DECEOENT EVER IN U.S. ARMED 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, etc. 1 YES 2 MO Specify:  Specify:  Specify:										
0	15. DECEDENT'S EDUCATION 16e. DECEDENT'S LISUAL OCCUPATION 16h. KIND OF BUSINESS (INDUSTRY)										
COMPLET	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]    College (1-4 or 5+)   OUNTER   VENDING CO.,										
	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. LTOLCOWAY, SR MATTE LOV POMEROY										
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAME AS # 10										
	20e. METHOD OF DISPOSITION  1 Disposition 3   Removal from State  4   Donation 5   Other (Specify)   Company or other place)   DATE   20c. LOCATION - City or Town, State   Company or other place)   Co										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY & LEVET TO PR										
	23. PART i. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	interval Between  IMMEDIATE CAUSE (Final  Onset and Death										
	disease or condition resulting in death)  e. Crd() Pulming Cryst  DUE TO (OR AS A CONSEQUÊNCE OF):										
Z	arge MT										
ATIC	Sequentially list conditions, If any, teeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
SER	d										
CAL	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY FINDINGS PERFORMED? AMALABLE PRIOR TO										
PHYSICIAN: MEDICAL	1   YES 2   NO   COMPLETION OF CAUSE OF GEATH?  1   YES 2   NO										
N:											
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 YM0  4 Number And Number										
HYS	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
ВУР	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO										
COMPLETED	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
APLE	29e. CERTIFIER (Check only (Ch										
	one) 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
38 C	296. SIGNATURE AND TITLE OF CERTIFIENT  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) TEXTURE CSCN Maler 844 Retchie Huy SP. N.D. 21146										
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 10 1994  Julia d'autiliar hardell										
	NOVE DO JUNE 1										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

3. TIME OF DEATH

Va.

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

Black

21502

Approximata

Interval Batwean

Onset and Daath

West Va

8. BIRTHPLACE (State or Foreig

West

10g, CITIZEN OF WHAT COUNTRY?

USA

Specify:

14. RACE — American Indian, Black, White, atc.

9c. COUNTY OF DEATH

Allegany

4:00 P.

2. DATE OF OEATH MONTH

7. DATE OF BIRTH

4

Nov.

Dec.

DAY 2

1994

1918

SPC

29c, LICENSE NUMBER

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be intained by the hospital or attending physic	by the funeral director, page 5 should be detached for use as the burial	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be defined for use as the tunnal physician and completely filled in by the tuneral director, page 5 should be defined for use as the tunnal physician and the tuneral director.	THE RESERVE AND THE PARTY OF TH

TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho

BE

2

(Check only one)

AL EXAM

e hospital or attending physician

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

236-72-0791

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Memorial Hospital & Med. Center Cumberland 10e STATE 18h COUNTY 10c. CITY, TOWN OR LOCATION Cumberland Allegany Maryland FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10-D Fort Cumberland Homes 21502 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuben, Mexicen, Puerto Rican, atc.)

t YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES t Never Merried 2 Merried BY 3 ♥ Widowed 4 □ Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (t-4 or 5+) 12 Housewife Home once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ħ Stanley Bullett BE Edith Graves notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Hamilton Jr. 10-D Fort Cumberland Homes, Cumberland, Md g 20e. METHOD OF DISPOSITION
1 N Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Camp Hill 4 Donetion 5 Other (Specify) Paw Paw, Cemeterv examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leasure-Stein, Inc. 230 Baltimore Av. Erweit a. Rle Cumberland, Md. 21502 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) event, traumatic CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury other t that initiated eventa resulting in death) LAST 0 injury, PART II. Other significant conditions entributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY any ww Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item HOSPITAL OTHER: 1 YES 2 NO t 🗆 Inpatient 2 DER/Outpatient 3 🗆 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, t Natural 5 Pending Investigation M ВУ 1 YES 2 NO 2 Accident ) THE HOSPITAL OR ATTENDIN ) THE FUNERAL DIRECTOR: Aft ) filed within 72 hours after dea 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED Could not be 8 4 Homicide item 28 determined t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner ee stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AUGISTRANS MONATUR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS.

HAMILTON

6. AGE (in yrs. last birthday)

YRS.

75

1 ☐ M 2 🙀 F

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 2 NO SIC in my opinion, death occured at the time, date and piece, end due to the ceuse(e) end menner ee stated. 29d. DATE SIGNED (Month. Day, Yes DHMH-16 Ray 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

\*

BALTIMORE, MARYLAND 21215-0020

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

T - REGISTRAR		CERTIF	ICATE O	FDEATH	R	EG. NO.	-		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH			3. TIME OF DEATH
MARY L	OU HERSI	IBERGER			монтн 11	O:		94	2:30 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF E (Month, Da	BIRTH			PLACE (State or Foreign
234-64-3389	1 🗆 M 2 💢 F	52 YRS.	MONTHS DAYS	HOURS MIN.			42		YLAND
9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOW	OR LOCATION OF D			9c. COUN	ITY OF O	EATH
SACRED HEART	HOSPITAL		CUM	BERLAND			ALI	EGAI	NY
t0e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION	<u>-</u>				10d. INSIDE CITY LIMITS?
WEST VA   MINE	RAL	R	IDGELE	Υ					1 YES 2 X NO
POWNALL'S ADDIT	ION			26753				S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? t \( \subseteq \) IF YES, GIVE WAR O	ES 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specific	en, Puerto Ricar	pecify Yes n, atc.)	or No-	14. RACE Black Speci	- American Indian, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade or	ATION omoleted)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIN	ID OF BUS	INESS/IND	USTRY	
Elementery/Secondery (0-12)	College (t-4 or 5+)	ASSISTA	se retired.)		В	ANKI	I N G		
t7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	le, Maiden S	Surname)		
MICHAEL EDWARD	COLEMAN			ELIZA	BETH 1	IREN	E BL	.UE	
190. INFORMANT'S NAME (Typo/Print) RONALD HERSHBER	GER	P. O		t and Number or Rural 347 - R				267	53
20e. METHOD OF DISPOSITION 1) Disposition 3 Remove 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DATE of competery, crematory or of ASHB			DATE		CATION —		.,
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	ri. Asnb		AND ADDRESS OF FA	CILITY	FI	. AS	MBI	, WV
Sterde Gr. Tu	ochurl	)		ASHBY F BLX 126		HO ASH	ME, BY,W	INC	26719
23. PART I. Enter the diseeses, or to shock, or heart failure. Li	omplications that cer	used the death. Do r	not enter the n	node of dying, aud	h aa cerdlac	or reapir	atory err	est,	Approximata
IMMEDIATE CAUSE (Final			a (0	Va 10	befo	1206	Ser.		Onset and Death
	Super Mon	AS A CONSEQUENCE OF	F):	1.518	1110	/	100		
if any, leeding to immediate	DUE TO (DR	AS A CONSEQUENCE OF	F):	Wion	wra	Sp	N.O	9	
CAUSE (Disease or injury		Meto	Pos	9					OVE 7760
thet initiated events resulting in deeth) LAST	DUE TO (OR .	AS A CONSEQUENCE OF	F):						
d.	,								
PART II. Other significent conditions	contributing to dee	th but not resulting	in the underly	ng ceuse given in		PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1[	YES 2	NO.		OF DEATH?
DID TOBACCO USE CO	ONTRIBLITE TO	O CAUSE OF	DEATH	VEC [7] N/					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	CITIKIDUTE I	CAUSE OF		YES NO					
	HOSPITAL:	Outpatient 3 DOA	OTHER:	ome 5 - Residence		necify)			
27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b. TIM	E OF 28c. I	NJURY AT	28d. DESCRI		JURY OCC	CURED	
1 Natural 5 Pending Investigation	(Month, Day, Ye	er) INJ		YORK? YES 2 NO					
2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28e. PLACE OF INJ building, etc.	URY — Al home, term, : Specify)	street, fectory, of	lice	281. LOCATIO City or To	IN (Street e.	nd Number	or Rural F	oute Number,
290. CERTIFIER (Check only Certifying Physici	IAN: To the best of my k	nowledge, death occum	ed at the time. de	ite end place, and rive	to the causers	end man	ner as state	ed.	
one) 2 MEDICAL EXAMINER	: On the basis of exemin								) end menner es stated.
296. SIGNATURE AND THE OF CERTIFIER	. 1 1)			29c. LICENSE NU	MBER	$\overline{}$	29d. DATE	SIGNED	(Month, Day, Year)
	1011						- /	/ (3	
John C	12 tia	una		D-11	5 6	6	1	1 - 7	-94
30. NAME AND ADDRESS OF PERSON WHO DR. JOHN MEHANNA	-	O RA TEATH (ITEM 27) (Type: 9-B SETON		CUMBERLA	ND, MD	2150	)2	7-7	-94

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

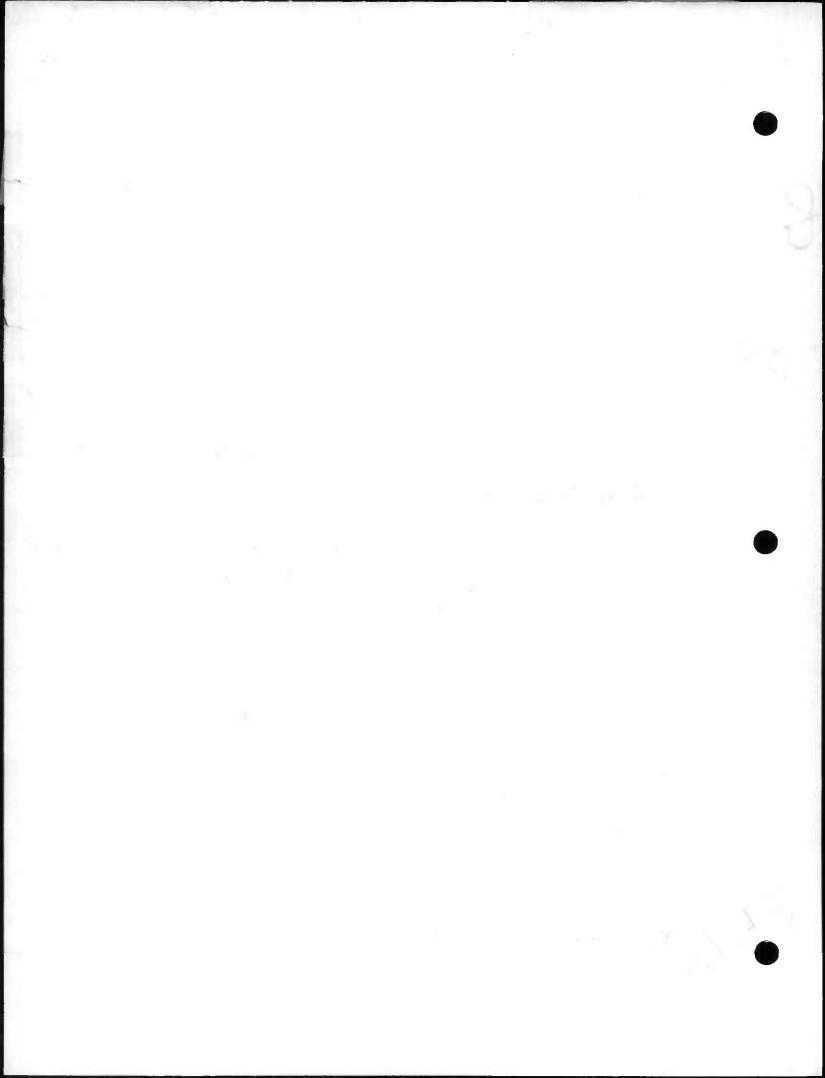
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



1 - STATE REGISTRAR		SIMIE UF N		ERTIF					MENIA	REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Mary Th	<u>le</u> lma	HOLT	SCHNEID	ER						mber		194	10:30 P M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDE	R 1 YEAR	IF UNDER			OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
214-26-1227	7	1 M 2 K F 64 YRS. WONTHS DA				DAYS	HOURS	MIN.		. 16,	yland		
9a. FACILITY NAME (If not inst	titution, give stre	eet end number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DI	EATN		9c. COL	INTY OF D	EATN
Dennett Roa	ad Mano	or Nursi	ng Home		0	akla	nd					Garr	ett
RESIDENCE OF DECI	10b, COUNTY				TV TOWN	OR LOCAT	1011						
MD		Garrett		10c. Cr	IT, IUWN	OH LOCAL		land	1				10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER		Jarrett				104	ZIP COO		ι		1 44 017		1 YES 2 K NO
Rt. 4, Box 1823  101. ZIP COOE  102. CITIZEN OF WHAT COUNTRY?  USA													
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. /	RMED	13	WAS DEC	ENDENT C	AE NICOAL		N? (Specify Ye	a ar Na	-	
1 Never Merried 2 🕅 A			YES 2 X		1 "	II yes, spe	city Cube	n, Maxica	n, Puerto	Ricen, etc.)	e or no—		E — American Indian, c, White, etc.
3 Widowed 4 Olvon	ced	11 123, 0172 11	AN ON ONIES			1 TYES	2 X NO	Specif	у.			Speci	White
	DENT'S EDUCA		16a, (	DECEDENT'S	Work done	OCCUPATIO	N st of workin	107	186	. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5 a		lle. Do NOT u	ise retired.)		or works	.8					
8th				Но	usew	vife				Hom	e		
17. FATHER'S NAME (First, Mid	ddle, Last)						18. MOTI	NER'S NA	ME (First,	Middle, Maider	Sumeme)		
William		- Mi	ller					hel				Spik	er
t9e. INFORMANT'S NAME (Ty)			1							ber, City or Tov			
L. Delbert		chneider						Oak		l, Mar			
20e. METNOO OF OISPOSITIO	3 Remo	val from State	cemetery, c	E ANO DATE crematory or c	other place	1			OAT		OCATION -		
4 Donation 5 Other (		Neee A	Dee	r Par		mete:				11 Dee	er Pa	rk, l	Maryland
21. SIGNAL GREAT	A A	MA 1			22.	_				Home			
Sidy	is 18-	Mayar					_			., Oak	land	, MD	21550
23. PART I. Enter the dis	seases, or co	omplications the ist only one cau	t caused the	deeth. Do	not ente	r the mod	de of dy	ing, suc	h es cen	diec or reep	lretory er	rest,	Approximete
IMMEDIATE CAUSE (Fine		ist only one cau	ea on each in	rei.									interval Between Onset and Daath
disease or condition resulting in death)	<b>+</b>	Ac	cute Ce	rebra	1 Va	scul	ar A	ccid	ent				Minutes
1000000			(OR AS A CONS	EOUENCE O	PF):								
Sequentially list condition	b.		nphysem										Years
If any, leading to immed cause. Enter UNDERLYIN	liata	DUE TO	(OR AS A CONS	EOUENCE O	F):								
CAUSE (Diseese or Injur		DUE TO	(OR AS A CONS	FOLIENCE O	-								
thet initiated evants resulting in deeth) LAST		DOE TO	(OR AS A CONS	EUUENCE U	r-j:								
	d.	-											
PART ii. Other eignificen	t conditions	contributing to	death but not	reculting	in the u	nderlying	ceuse (	given In	Part I.	24a. WAS AF		24b	. WERE AUTOPSY FINDINGS
Rheumatoid	Arthri	tis								1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?
													1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOERITAL					ACE OF D	EATN (Ch	eck only or	10)			
1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	4 XVu	R: rsing Nome	5 □ Re	aldence	8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIN	ME OF JURY	28c. INJU			28d. DE	SCRIBE NOW	INJURY OC	CURED	
1 Natural 5 P	ending reatigation				M		ES 2	NO					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At homa, farm, atreat, factory, etc. (Specify) 28e. PLACE OF INJURY — At homa, atreat, factory, etc. (Specify) 28e. PLACE OF INJURY — At homa, atreat, factory, etc. (Speci									Route Number,			
4 Homicide de	etarmined										,		
29e. CERTIFIER 1 CERTII	FYING PNYSIC	IAN: To the beel of	my knowledge,	death occurr	red at the	time, date	end placa	, and due	to the cer	use(e) end me	nner ee ata	rted.	
													e) end menner as stated.
296. ŞIGNATURE AND TITLE	OF CERTIFIER	1/					29c. LICE	NSE NUI	MBER		29d. DAT	TE SIGNEO	(Month, Day, Year)
Mergaso	29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)  D26650  D26650												
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)													
Margaret A. Kaiser MD PO Box 486 Oakland MD 21550													
31. DATE FILED (Month, Day, Ye	bar)	32. REGISTRA	R'S SIGNATURE	7									
NOV 1 (	) 1994	Julia di	welson Ro	relate									

CHESTAL ..

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

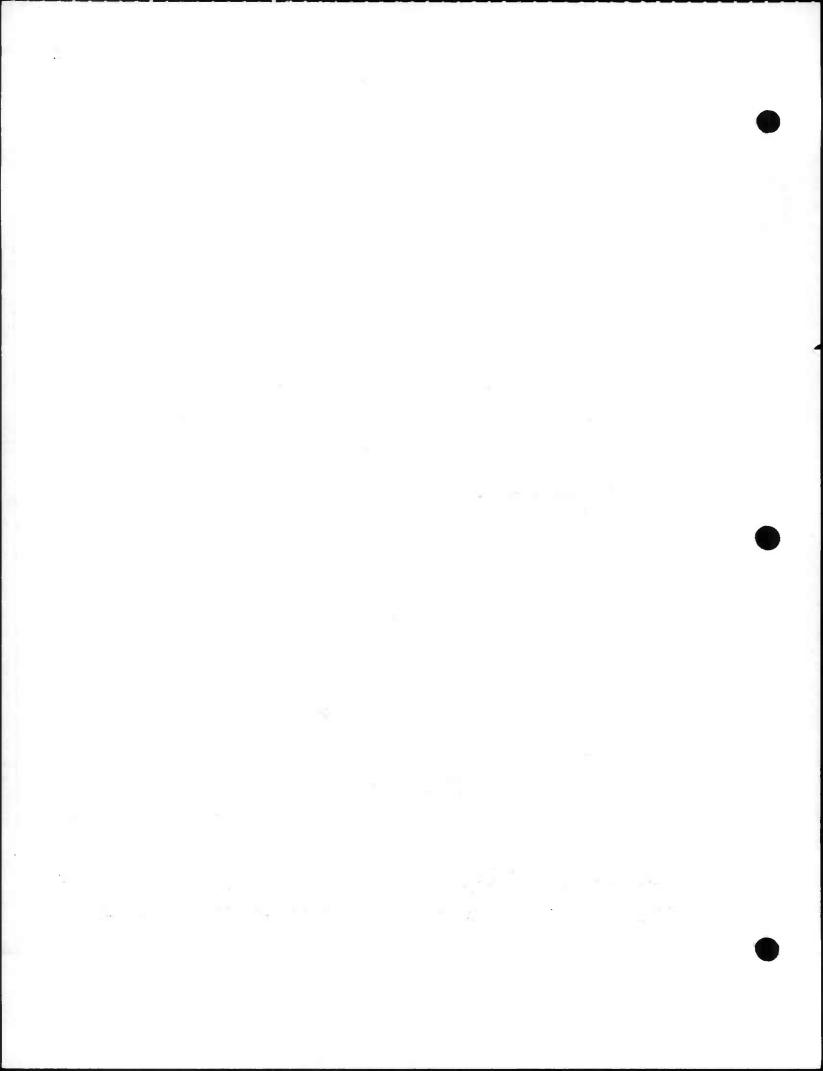
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

0700	ig physician.	ne burial-transit permit.	***	
200-C1212-0050	cuted within 24 hours after death. Page 6 may be retained by the hospital or attendi	id completely filled in by the funeral director, page 5 should be detached for use as tailing transplants.	tic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he find within 70 hours after death with the State have of Heath and Mental Housen and it house have in house the find within 70 hours after death with the State have of Heath and Mental Housen and Mental	on the main is most and count man the case copy. Or teams any injury, or other traumatic event, the medical examiner must be notified at once,	

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	I INC	REG. NO.	-		
N. Control	1. DECEDENT'S NAME (First, Middle, Last)	Ni		H	ILL			DATE OF DEATH	y	YEAR	3. TIME OF DEATH OGS & M
3	4. SOCIAL SECURITY NUMBER 236-56-1308	1 XM 2 🗆 F	5. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7.	ct 15,193	6	Countr	Virginia
TOR	90. FACILITY NAME (If not institution, give stress  Suburban Hospital  RESIDENCE OF DECEDENT	•			9b. CITY, TOWN OR LOCATION OF DEATH  Bethesda Montgome						
DIRECTOR	100. STATE 10b. COUNTY Maryland Frede		Tiamsville							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2323 Urbana Pike			101. ZIP CODE 10g. CITIZEN OF WH 21.754 U.S.A							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X NO		If yes, a	secify Cuban, 8	IISPANIC ( Mexican, P Specify:	ORIGIN? (Specify Yes uarlo Rican, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, etc. <sup>th:</sup> White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Giv	e kind of v Do NOT us		ost of working	Ldr	Montgon			Schools
COM	17. FATNER'S NAME (First, Middle, Last) -Hubert Andrew	Gilber					'S NAME	(First, Middle, Maiden	_		NOWN
BE	19a. INFORMANT'S NAME (Type/Print)	GIIDEL			ADOBESS (Street			e Number, City or Town	01-1 21		TIOMIN
2	Mr. Lewis A. Hill							ermantown			and 20876
	20a. METNOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Remon  4 Donation 5 Other (Specify)	vel from State	20b. PLACE AL	ND DATE O	OF DISPOSITION /A	ame of	T		CATION -	City or To	evn State
	21. SIGNATURE OF FUNERAL SERVICE LICE	111	_ MOO7		Keene	y & Ba	of facility	d P.A. Fu St, Fred	mera	.1 Hc	ome
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that	caused the dea e on each line.	th. Do n	ot enter the m	de of dying	, auch a	a cardiac or reapi	ratory arr	eat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
LC	PART II. Other algnificant conditions	contributing to d	eath but not re	sulting i	n the underlyir	g ceuse give	en in Par	t I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Z	DID TOBACCO USE CONTR	BUTE TO CAU	SE OF DEAT	H YE	S I NO	UNCER	TAIN (				
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	211		N (Check only one OTHER:						
PHYSICIAN:	27, MANNER OF GEATH	1 F Inpatient 2 1		DOA 28b. TIM	4 - Nursing No	URY AT		Other (Specify) d. OEŞCRIBE NOW IN	I II III OOO	NIDEO.	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day		1/0	URY W	YES 2 7	4	MILA T	-	UED.	
	3 Suicide 6 Could not be	28e. PLACE OF building, at	INJURY — At hom c. (Specify)		treet, factory, offi	•	26	f. LOCATION (Street a City or Town, State)			loute Number,
	4 Nomicide determined	STRE	ET				R	+75= LEWELD	HEE RI	0 41	MSUKLE ME
COMPLETED	298. CERTIFIER 1 CERTIFYING PNYSICI										) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	ellu	ah	16	2	29c. LICENS	E NUMBER	99	29d. DATE	SIGNED 2	(Month, Day, Year) G 4
	30. NAME AND ADDRESS OF PERSON WHO	MY LE 10	1215/	20 (Type, ERA	Print)	Ro	BE	THESON	M	10	1817
	31. DATE FILEO (Month, Day, Year)  NOV 0 4 1994	32. REGISTRAR	S SIGNATURE Auction Ro	dall							



	j
30,	
687	The state of the s
X	- 4
B	-4
o	917
σ.	44
DS	40.00
OH	
ZEC	
AL F	
È	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the sa
0	-
Ó	
115	
5	
_	

	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last				2. DAT	E OF DEATH	Y · OY	3. T	TIME OF DEATH					
	Robert Carlen	Hamilton				Mou	11, 199	74 /	1936					
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)		/A.A.	E OF BIRTH nth, Day, Year)	/ 8.	BIRTHPLA Country)	CE (State or Foreign					
	214-52-7421	1 08 M 2 🗆 F	46 YRS.	MONTHS DAYS HOURS					ngton, I					
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCA			9c. COUNTY							
DIRECTOR	Frederick Memorial Hospital Frederick Frederick													
5	RESIDENCE OF DECEDENT													
2	Limits?													
_		erick	Fre	derick				1,2	YES 2 NO					
M	10e. STREET AND NUMBER			10f, ZIP C	ODE		10g. CITIZEN	OF WHAT	COUNTRY?					
	606 Monarch Ridg			2170	2		Unite	d St	ates					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS DECENDEN	T OF HISPANIC ORIG	HN? (Specify Yes	or No- 14	RACE -	American Indian,					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TES 2		o recent, atc.,		Specify:	inte, etc.					
		Vietnam							White					
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of	S USUAL OCCUPATION work done during most of wo	orking	56. KIND OF BUS	SINESS/INDUS	TRY						
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u		1	Md. Nat	iona1	Park	&					
MP	12	2	Area Su	pervisor		Plannin	g Comm	issi	on					
COMPL	17. FATHER'S NAME (First, Middle, Last)			16. M	OTHER'S NAME (First	, Middle, Maiden	Surname)							
ш	Carlen Mustoe l	Hamilton		Do	rothy Bea	atrice	Spade							
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street and Num	ber or Rural Route Nu	mber, City or Tow	n, State, Zip Co	rde)						
۲	Scherie Ann Hami	lton	606 M	lonarch Ridg	e Rd/ Fre	ederick	, MD 2	1702						
	20a. METHOD OF DISPOSITION			OF DISPOSITION (Name of	D/	TE 20c. LO	CATION - CITY	or Town,	Stata					
	Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		cemetery, crematory or desthaven		Nov. 15	Fre	derick	. Ma	rvland					
	Resthaven Cemetery Nov. 15   Frederick,  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A.													
	FP OP	> IL	. 1/											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximately													
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 WAS								RE AUTOPSY FINIL ABLE PRIOR TO MPLETION OF CA DEATH?  YES 2 NO					
M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	F DEATH (Check only	one)								
S	1 YES 2 NO	HOSPITAL:	Dutpatient 3 DOA	OTHER: 4 Nursing Home 5	Residence 6 Ct	her (Specify)								
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJUI	RY 26b. TII	ME OF 28c. INJURY AT		EŞCRIBE HOW I	NJURY OCCUP	RED						
	1 Netural 5 Pending	(Month, Day, You	er) IN	M 1 YES	2 NO									
ВУ	2 Accident Investigation 3 Suicide & Could not b	26a. PLACE OF INJI	URY — At home, farm,			CATION (Street )	and Number or	Rural Route	Number.					
	4 Homicide 6 Could not b	building, atc. (3	Specify)		Ci	ty or Town, State)								
LET	29a. CERTIFIER													
MP	(Check only	SICIAN: To the best of my ke												
COMPL	2 MEDICAL EXAMI	NER: On the basis of examina	ation end/or investigati	ion, in my opinion, death oc	cured at the time, de	ita and place, an	nd due to the c	ause(s) an	d manner as sta					
BEC	29b. SIGNATURE AND TITLE OF COURTS	W.A.	. (	29c. L	ICENSE NUMBER		29d. DATE S	IGNED IN	mth, Day, Year)					
	70 00	4 T N/	ours;	110 5	10190	2	D 1/1	114/9	14					
2	36. HAME AND ADDRESS OF PERSON Y	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	1.4		- /	1	-					
	LeRoy T. Davis 8	301 Tollhous	e Ave/ Fr	ederick. MD	21701									
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS S		1.	21,01	-								
	11011 1 1 100	de Color Ma	wall and to all a											

1 -	FOR STATE REGISTRAF
-----	---------------------------

1 - STATE REGISTRAR		SIMIL OF F	C	ERTIF	ICATE C	OF DEAT	TH		REG. NO.	Ė		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF	OEATH			3. TIME OF DEATH
MARY K	ATHERIN	NE IME	S					Nov.	12.	w 1994	YEAR	09:35 A. M
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF	BIRTH	1777	8. BIRTH	IPLACE (State or Foreign
214-07-5563		1 🗌 M 2 💢 F	80	YRS.	MONTHS DA	YS HOURS	MIN.	Sep 2		914	Counti	WV
9e. FACILITY NAME (If not in	stitution, give stre	et and number)			96. CITY, TO	WN OR LOCATION	ON OF DE		0, 1.		NTY OF D	
631 Shri		nue			Cum	berlan	d			A1	1ega	ny
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	OCATION						10d, INSIDE CITY
MD	MD Allegany Cumberland 11 Y ves 2 \( \sigma \) No											
10e. STREET AND NUMBER	THECO	dily		<u> </u>	iberia	10f. ZIP CODI			-	10a. CIT.	IZEN OF V	WHAT COUNTRY?
631 Shriver Avenue 21502 USA												
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO		DECENDENT C				or No-	14. RACE Black	E — American Indian, k, White, etc.
1 Never Merried 2 3 Widowed 4 Dive		IF YES, GIVE V				YES 2 NO			iii, arta.j		Speci	
15. DEC	EDENT'S EDUCA	ATION (monitored)	18e. DE	ECEDENT'S	USUAL OCCUP	PATION g most of workin	_	16b. KI	ND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	Ma	Do NOT us	e retired.)	g most or workin	g					
12			re	et. n	urse's	aid		h	ospi	tal		
17. FATHER'S NAME (First, M	liddle, Last)			-		18. MOTI	IER'S NA	ME (First, Midd	tie, Maiden	Surname)		
George V		well_			-			Burke				
			I			eet and Number		Route Number,	City or Towi	n, Stata, Zip	Code)	
Gary P. Im						ro, M	)	1 11		1.5		
1 🗆 Buriel 2 🔼 Cremaile	on 3 🗆 Remov	ral from Stale	cemetery, cre	emetory or o				DATE	1	CATION —		
4 Donellon 5 Other		NSEE	Smith	nsbur		atoriu		11/14	Sin	iths	ourg,	, MD
22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home												
yana	2 1	XICC	you	w	Cum	berlan	d. M	D 215	02			
23. PARTI. Enter the d shock, or h	iseases, or co eart fallure. Li	inplications that st only one cau	t caused the de se of each line	eath. Dor	ot enter the	mode of dyl	ng, auc	h es cerdied	or respi	ratory en	rest,	Approximate interval Between
IMMEDIATE CAUSE (Fir disease or condition	nel					- 1						Onset and Death
reaulting in death)	→		rioscle:			Disea	se			-		-
		DOE 10	(OH AS A COMSE	OUENCE U	-):							i
Sequentially list condit		DUE TO	(OR AS A CONSE	OUENCE O	า:							
if any, leading to imme cause. Enter UNDERLY	ING											
CAUSE (Disease or injute that initiated events	ITY "	DUE TO	(DR AS A CONSE	OUENCE OF	F):							
resulting in deeth) LAS	T d.											
DART II OH												
PART ii. Other significa								Part i. 24	e. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Post opera	tive ac	ortic va	lve rep.	lacem	ent 6	weeks		1	YES 2	X) NO		COMPLETION OF CAUSE OF OEATH?
								_ [				1 - YES 2 - NO
DID TOBACCO	O USE CO	ONTRIBUTE	TO CAUS	SE OF	DEATH	YES [	NO					
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:				8. PLACE OF D	EATH (Ch	eck only one)				
1 X YES 2 - NO		I Inpatient 2	ER/Outpatient 3	3 🗆 DOA	OTHER:	Home 5 KRe	eldence	6 Other (S	pecify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM	E OF 28c	INJURY AT WORK?		28d. DESCR	IBE HOW II	NJURY OC	CURED	
	Pending Investigation					YES 2	NO					
3 Suicide 8	Could not be	28e. PLACE O building,	F INJURY — Al ho atc. (Specify)	ome, lerm, s	street, factory,	office		281. LOCATIO	ON (Street a	nd Number	r or Runal F	Route Number,
4 Homicide	determined								,,			
29a. CERTIFIER 1 CERT	IFYING PHYSICI	AN: To line best of	my knowledge, de	esth occum	ed at the lime,	data and place.	end due	to the cause(	a) and men	ner ee ste	ted.	
												i) end manner se stated.
296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICE	NSE NUM	19ER		29d. DAT	E SIGNED	(Month, Day, Year)
Dpty Med Ex D09157   1/12/94												
30. NAME AND ADDRESS OF					-			-		0		,
Dr. Paul				4 W 3	ord Sti	reet; (	Jumb	erland	, MD	2150	)2	
31. DATE FILED (Month, Day,	Toar)	32. BEGISTRA	O SIGNATURE									
B B B B B B B B B B B B B B B B B B B	A YULUK	Charmen a										

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

hos	che	eś
the	det	ĕ
3	2	16
ned	ouk	i i
reta	50	5
2	30e	9
maj	X,	T.
9 9	rect	Ē
Pag	a d	9
eath.	nue	E
er d	the	3
s aft	3	dica
DOUG	in b	5 6
27	A SILVE	t .
thin	eteh	H,
A Di	dwo	3 5
ecute	Du o	H C
9	an a	E
de b	Sich	2 5
tifica	8	the
1 000	ngin	2 2
Seath	afte	3
the	the	Inju
that	d b	J A
Sa	igne	2 3
equi	S Ua	40
SW F	s be	3 8
he	e ha	2 5
L:N	ficat	100
SICIA	cert	6
PHY	this	Ked
NG	fter	mar
ON	A I	- w
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	De lied Within 12 hours after death with the State Dept. Or health and welled hours, chemidally, or removal.  IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	DIR	le le
K	RAL	7
OSP	UNE	ANT.
モー	學 1	H
T O	TO	MPC
F	-	_ =

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH		
Bessie	Viola Jar	crell			Oct. 19		TEAN	7:45 P		
4. SOCIAL SECURITY NUMBER	5. SEX		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	TH	8. BIRTI	HPLACE (State or Foreign		
213-74-0439	1 □ M 2 🂢 F	101 YRS.	IONTHS DAYS	HOURS MIN.	Nov. 20,	1892	Mar	yland		
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D				TY OF DEATH		
Homestead Manor			Den	ton			Carol	ine		
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
Maryland	Caroline			Denton				1 TES 2 NO		
10e. STREET AND NUMBER				H. ZIP CODE				WHAT COUNTRY?		
Campground Road				21629			S.A.			
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO		CENDENT OF HISPA pecify Cuban, Mexico			14. RAC Blac	E — American Indian, ik, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WA			3 2 NO Specif			Spec	elfy:		
15. DECEDENT'S EC	NICATION	44- 0505054710 11	1					casian		
(Specify only highest gra	de completed)	Ma Do MOT upo	rk done durina m	ost of working	166. KIND	OF BUSINESS/IN	IDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	)	emaker		Ho	ome				
11 HS grad.	None	1101110	Marce	Tee MOTUFOUR NU	AME (First, Middle,					
	l m i m comes				_					
Paul Hol	singer	40h MAII MIO 4	DDBESS (Ch	and Number or Rural	ary Lec		Va Cartel			
Linwood O. Jarre	11 .Tr							057		
20a. METHOD OF DISPOSITION	ETT' OT .			Rd., G10						
1) Burial 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE OF cemetery, cremetory or other	er plece)			20c. LOCATION -				
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Greensboro		TY ND ADDRESS OF FA		Greens	ooro,	Maryland		
21. SIGNATURE OF PUREFAL SERVICE	LIVENSEE		Moor	e Funera	1 Home,	P.A.				
				er B, Dei			216	529		
	DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE OF)	EOUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury	C.									
that initiated events	DUE TO (	OR AS A CONSEQUENCE OF)								
resulting in death) LAST	d									
PART II. Other aignificant conditi	one contributing to	death but not resulting in	the underlyle	o cause alvan la	Part I. 24a. WAS AN AUTOPSY		241	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
aneni				ig cases given in		PERFORMED?				
000000					1 🗆	YES 2/2 NO		OF DEATH?		
					_			1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (C	neck only one)					
1 YES 2 NO		ER/Outpatient 3 DOA	Nursing Ho			**				
27. MANNER OF DEATH  1. Netural 5 Pending	28a. DATE OF I (Month, Da	INJURY 286. TIME (NJU	RY W	JURY AT	28d. DEŞCRIBE	HOW INJURY O	CCURED			
Accident Investigation		The filters		YES 2 NO						
3 Suicide 8 Could not b	286. PLACE OF building, o	FINJURY — At home, farm, str etc. (Specify)	reet, ractory, offi	ca	281. LOCATION City or Town	(Street and Numb n, State)	er or Rural	Route Number,		
ana)		my knowledge, death occurred								
one) 2 MEDICAL EXAMI	NER: On the basis of az	amination and/or investigation	, in my opinion,	death occured at the	time, data and p	elace, and due to	the ceuse(	e) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	TIER (	2		29c. LICENSE NU	MBER	29d, DA	TE SIGNE	D (Month, Day, Ybar)		
		-n	5	D337	68	10	ct	21, 1996		
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUS	1		,	0					
T CORN		0 60 1	1 /	/ 1	1200	1 0-		11.0		
7 000	10 10	y. 101	700 4	60 "	6018	NM	0	21629		
31. DATE FILED (Month, Day, Year)	32, REGISTRAF	r's signature r'dson-Randell	300 6	60.	61018	779	<i>D</i>	21629		



TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
ELIJ		ACILLE.			185	october		994	1636
SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIF (Month, Day,	Ybar)	Coun	
248-84-3167	1 X M 2 D F	47	YRS.			11-16-			RLESTON, S.
PENINSULA REGIO		AL CENT		SALIS	BURY	EATH		ICOMI	
RESIDENCE OF DECEDENT  10. STATE  10b. COUN	TY		I soe City	TOWN OR LOCA	TION				10d. INSIDE CITY
	SSEX			LMAR					LIMITS?
IO. STREET AND NUMBER	JJLA		) DE		r. ZIP CODE		10a.	CITIZEN OF	1 YES 2 NO
N. SECOND					11940			JSA	
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	YES 2 V	RMED NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica 3 2 NO Specif	n, Puerto Ricen,		- 14. RAC Blac Spec	E — American Indian, ck, White, etc. city: BLACK
15. DECEDENT'S EC (Specify only highest gra	DUCATION			SUAL OCCUPAT		16b, KIND	OF BUSINESS	/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	- 446	. Do NOT use		ost of working				
12th			labor	er					(MECHANIC)
FATHER'S NAME (First, Middle, Last)	NKNOWN				18. MOTHER'S NA			,	NS JONES
e. INFORMANT'S NAME (Type/Print)	rc .	16			and Number or Rural		or Town, State	, Zip Code)	
BETTINA JON	<u> </u>	205 BLACE		DISPOSITION (A	AME AS AE		Rec. LOCATION	l Ohron 7	
Burial 2 Cremation 3 Re	moval from State	cemetery, cr	JESUSA		JRCH_CEM.				
SIGNATURE FUNERAL SERVICE	LICENSEE		LJUJA	22. NAME A	NO ADDRESS OF FA	CILITY			
· Lerella	B. 500	ley			Y MEMORIA SBURY, MC		L, 121	13 JEF	RSEY ROAD
equentielly list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events esuiting in death) LAST	b. DUE TO (	erxo	OUENCE OF):	u					Cpass
ART II. Other significant condition	ons contributing to	death but not	resulting in	the underlyli	g cause given in		MAS AN AUTOP PERFORMED? YES 2 NO	8 1	b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
					LACE OF DEATH (Ch	eck only one)			
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		1 4	OTHER.					
	HOSPITAL:	ER/Outpatient		OTHER:	ne 5 🗆 Residence	8 Other (Spec	Hy)		
EXAMINER?  1 YES 2 NO  MANNER OF DEATH  Netural 5 Pending	28a. DATE OF (Month, Da	INJURY		OF 28c. IN	THE 5 Residence JURY AT DRK? YES 2 NO	8 Other (Spec		OCCURED	
EXAMINER?  1 YES 2 NO  MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIME	OF 28c. IN W 1	JURY AT ORK? YES 2 NO		HOW INJURY		Route Number,
EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Neturn 5 Pending Investigation  3 Suicide 8 Could not b determined  8. CERTIFIER (Check only one)  1 MEDICAL EXAMIN	28a. DATE OF (Month, Da 28e. PLACE OF building, of SICIAN: To the best of the NER: On the best of the page of the	NJURY y, Year)  INJURY — At hote, (Specify)  Try knowledge, d	28b. TIME INJUI	OF 28c. IN RY M 1  set, factory, offi	JURY AT DRK? YES 2 NO Ca a and place, and dua	281. LOCATION City or Town	(Street and Nur., State)	nber or Rural	
1 YES 2 NO  MANNER OF DEATH  Natural 5 Pending Investigation 2 Accident 8 Could not be determined  No. CERTIFIER (Check only 2 MEDICAL EXAMINATION)  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  No. SIGNATURE AND TITLE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE OF CERTIFIER  NO. SIGNATURE O	28e. PLACE OF building, of SICIAN: To the best of exercise.	NJURY y, 'ber'  INJURY — At history (Specify)  my knowledge, diamination and/or	28b. TIME INJUI	D Nursing Ho OF 28c. IN W 1 Deet, factory, offi at the time, dat In my opinion,	JURY AT DRK? YES 2 NO Ca a and place, and dua	28f. LOCATION City or Town to the cause(s) a time, data and p	(Street and Nur , State)	stated,	Poute Number,  a) and manner sa stated  (Markin Corp. Near)
EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not b detarmined  a. CERTIFIER (Check only one) 1 CERTIFVING PHY ONE) 2 MEDICAL EXAMIN	28e. PLACE OF building, of SICIAN: To the best of exercise.	NJURY y, 'ber'  INJURY — At history (Specify)  my knowledge, diamination and/or	28b. TIME INJUI	D Nursing Ho OF 28c. IN W 1 Deet, factory, offi at the time, dat In my opinion,	JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	28f. LOCATION City or Town to the cause(s) a time, data and p	(Street and Nur , State)	stated,	a) and manner as stated

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

10

DHMH-18 Rev 1/89

1 - STATE REGISTRAR		ARYLAND C	ERTIF	ICATE	OF DE	ΔTH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				TOTTI	OI DE			E OF DEATH			3. TIME OF DEATH
WILLIAM HENR	RY JOHN	SON					O(		1	94	11:30A W
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le		IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATI	E OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
216-30-9441	13€2K8€2 □ F	62	YRS.	-ONTHS	DAYS HOU	HS MIN.	JAN		32		YLAND
98. FACILITY NAME (If not institution, give st SEVERN RIVER	treet and number)				APOLI		EATH			IE A	RUNDEL
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			1 40 - 017								
MARYLAND ANNE	ARUNDEL			Y, TOWN OR							10d. INSIDE CITY LIMITS? 1 TYES 2 NO
1413 DAMSEL LANE					101. ZIP (	404			10g. CITI	US.	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married AND Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES XX	RMED NO	16.3	AS DECENDE yes, specify (	Suban, Mexic	an, Puarto	IN? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specific	— American Indian, , White, alc.
15. DECEDENT'S EDUC (Specify only highest grade		16a. D	ECEDENT'S	USUAL OCC	CUPATION ring most of w	mekina	18	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	H	ARD F	se retired.)		orang					
17. FATHER'S NAME (First, Middle, Last)					18. 1	MOTHER'S N.	AME (First,	Middle, Maiden	Surname)		
CLARENCE JOHNSON						LLEN					
ARIS JOHNSON		1	9b. MAILING 7200	CLAIR	Street and Nu	LANE	UPPI	nber, City or Town ER MARL	BORO	Code) MD	. 20772
20a METHOD OF DISPOSITION 12 Burlet 2 Cremellon 3 Remo	oval from State				ION (Name of GARDE	NS 11			POLIS		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		_		AME AND AD						
Farm & A	Popul				SE &	SONS	MORTI	JARY, P	. A.		
								POLIS,			1
23. PART I. Enter the diseasea, or be shock, or heart fellure. I	complications that	ceused the d	leeth. Do n								Approximete
23. PART I. Enter the diseasea, or be shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	n. DROWNING	ceused the de on each lin	ne.	not enter th							
immediate cause (Final disease or condition resulting in death)	DROWNING OUE TO (C	e on each iin	EOUENCE OF	not enter ti							Approximete interval Between
SHOCK, Dr heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DROWNING OUE TO (C	OR AS A CONSE	EOUENCE OF	F):	he mode of	dying, aud	ch as cer		AUTOPSY MED?	eet,	Approximete interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SHOCK, Dr heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (C. s. contributing to d.	OR AS A CONSE	EOUENCE OF	not enter the en	he mode of	dying, aud	Pert I.	24a. WAS AN	AUTOPSY MED?	eet,	Approximete Interval Between Onset and Death  Onset and Death  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
SHOCK, Dr heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C. S. CONTRIBUTE TO CAU	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE	EOUENCE OF EOUENCE OF recuiting I	F):  F):  S	erlying cau	dying, audies given in	Pert I.	24a. WAS AN	AUTOPSY MED?	eet,	Approximete interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SHOCK, Dr heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	DUE TO (C. DUE TO (C. DUE TO (C. D. D. DUE TO (C. D. DUE TO (C. D. D. DUE TO (C. D. D. DUE TO (C. D. D. D. D. D. D. D. DUE TO (C. D. D. D. D. D. D. D. D. D. D. D. D. D.	OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE	EQUENCE OF EQUENCE OF EQUENCE OF reculting I	F):  F):  In the under  OTHER: 4   Number	erlying cau	ae given in  NCERTAI	Pert I.	24a. WAS AN PERFOR 1 X YES 2	AUTOPSY MED?	24b.	Approximete interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SHOCK, Dr heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  \$\frac{1}{2}\$ YES 2 \( \) NO	DROWNING OUE TO (C. DU	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  NUMBER/Outpetlent  NUMBER/Outpetlent	EQUENCE OF PEAR TO THE PEAR TO	F):  F):  In the under  OTHER: 4   Nurshire URY   21	eriying cau  O U  y one)  ng Home 5  Be. INJER?  1 YES	ae given in  NCERTAI	Pert I.	24e. WAS AN PERFOR	AUTOPSY MED?  NO  RIV	24b.	Approximete interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
SHOCK, Dr heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DROWNING OUE TO (C.) DUE TO (C.) DUE TO (C.)  B. CONTRIBUTE TO CAU  HOSPITAL: 1 □ Inpatient 2 □ 1  288. OATE OF IN (Month, Day)	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  INJURY  INJURY  INJURY  At h	EQUENCE OF PEAR TO THE PEAR TO	F):  F):  In the under  OTHER: 4   Nurshire URY   21	eriying cau  O U  y one)  ng Home 5  Be. INJER?  1 YES	ae given in  NCERTAI	Pert I.  SV Oth 28d, 0E SUB. 28f, City	24a. WAS AN. PERFOR 1 X YES 2 er (Specify)	AUTOPSY MED?  RIV NJURY OCC	24b.  ZER  URED  or Rural Re	Approximete Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SHOCK, Dr heart fellure. I SHOCK, Dr heart fellure. I I I I I I I I I I I I I I I I I I I	DROWNING OUE TO (C. DU	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  INJURY  ('b'ear)  INJURY — At h  Ic. (Specify)  Ty knowledge, d	EOUENCE OF EOUENCE OF FOURIER OF THE THE THE THE THE THE THE THE THE THE	F):  In the under  OTHER: 4   Nursin E OF URY 5.5 AM  street, factory	erlying cau  O U  Ny one)  In Home S C  BC. INJURY A  WORK?  1 YES  y, offica	ae given in  NCERTAI  Residence T 2  NO	Pert I.  SV Oth  28d. OE  SUB.  28f. Lo  Chy  SEVER	24a. WAS AN PERFOR 1 X YES 2  er (Specify) SCRIBE HOW IN DECT DROV CATION (Street a cor Town, State) RN RIVER,	AUTOPSY MED?  RIV JURY OCC INED  ANNAI  ANNAI  There as state	24b.  ZER  URED  or Rurel Ri POLIS	Approximete interval Between Onset and Death  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SHOCK, Dr heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Natural S Pending Investigation  27. MANNER OF DEATH  1 Natural S Pending Investigation  3 X Suicide S Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (C. DUE TO (C.	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  INJURY  ('b'ear)  INJURY — At h  Ic. (Specify)  Ty knowledge, d	EOUENCE OF EOUENCE OF FOURIER OF THE THE THE THE THE THE THE THE THE THE	F):  In the under  OTHER: 4   Nursin E OF URY 5.5 AM  street, factory	erlying cau  O U  Ny one)  In Home S C  BC. INJURY A  WORK?  1 YES  y, offica	ae given in  NCERTAI  Residence T 2  NO	Pert I.  SV Oth  28d. OE  SUB.  28f. Lo  Chy  SEVER	24a. WAS AN PERFOR 1 X YES 2  er (Specify) SCRIBE HOW IN DECT DROV CATION (Street a cor Town, State) RN RIVER,	AUTOPSY MED?  RIV JURY OCC INED  ANNAI  ANNAI  There as state	24b.  ZER  URED  or Rurel Ri POLIS	Approximete Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SHOCK, Dr heart fellure. I SHOCK, Dr heart fellure. I I I I I I I I I I I I I I I I I I I	DROWNING OUE TO (C  DU	DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  DR AS A CONSE  INJURY — At h. c. (Specify)  Thy knowledge, d  minetion and/or	EOUENCE OF EOUENCE OF FOURTH YE CCE OF DEAT 3 DOA 28b. TIMIN 112:5 Orna, ferm, s RIVER leath occurre	in the under the time of at the time of at the time of	eriying cau  O U  y one)  g Home 5  8c. INJURY A  WORK? 1 UYES  y, offica  e, data and p  nion, death o	ae given in  NCERTAI  Residence T 2  NO	Pert I.  Selection of the case	24a. WAS AN PERFOR 1 X YES 2  er (Specify) SCRIBE HOW IN DECT DROV CATION (Street a cor Town, State) RN RIVER,	AUTOPSY MED?  RIV NJURY OCC NNED ANNAI ner as state 4 due to the	24b.  ZER  URED  or Rurel Ri  POL IS  ed.  e couse(a)	Approximete interval Between Onset and Death  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

32 REGISTRAR'S SIGNATURE

Lin Stavillor Randall

NOV 07 1994

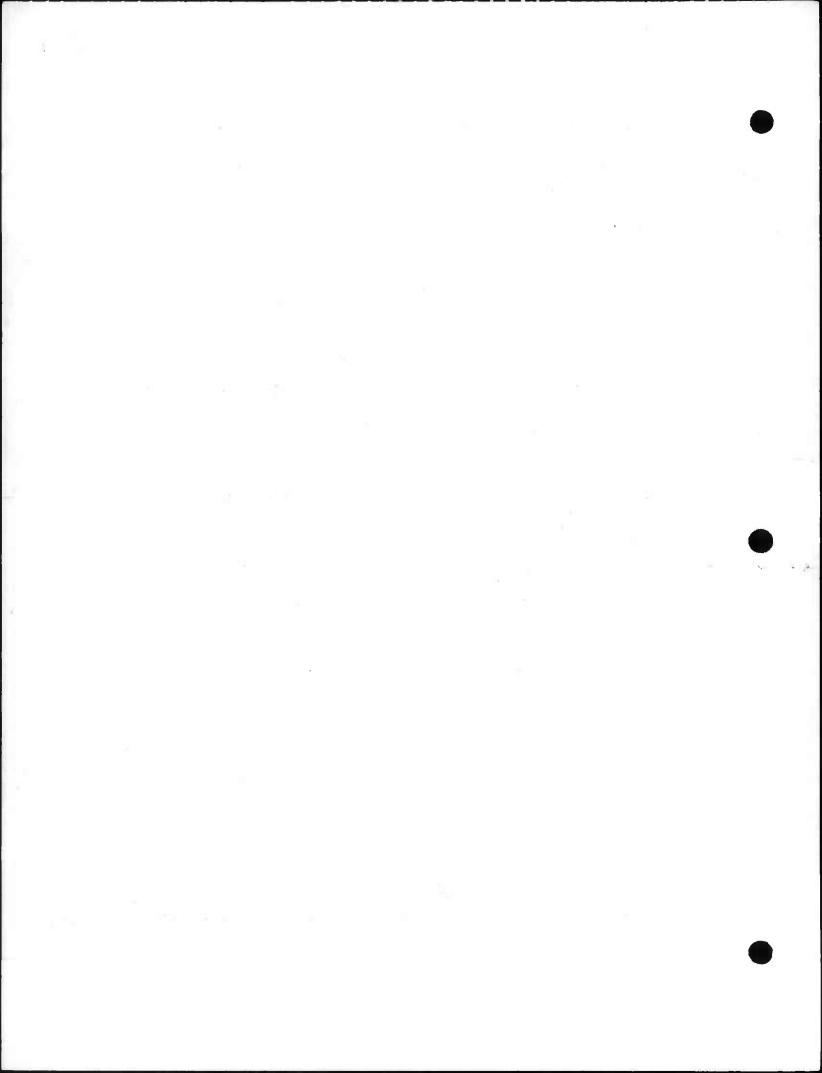
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local sets of the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	2	STATE OF I				T OF H			MENTAL HYGIEN REG. NO.			1
1. OECEDENT'S NAME (First									2. DATE OF OEATH MONTH DA	Y	YEAR	3. TIME OF DEATH
Doug1a			ernigan						Nov. 5,	19	94	3:45 Pm
4. SOCIAL SECURITY NUMI 248-30-96		5. SEX	6. AGE (in yrs. last	birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	Jan. 13,	193	8. BIRTH Countr	PLACE (State or Foreign Seorgia
90. FACILITY NAME (If not in	estitution, give	street and number)			9b. CIT	Y, TOWN D	R LOCATIO	ON OF DE			NTY OF D	EATH
25400 C1		ater Dri	ve		I	Dama	scus	S			Mont	gomery
100. STATE Maryland		Öntgomer	У	10c. CIT	y, town a mas	OR LOCAT	ION					10d. INSIDE CITY LIMITS?  VEX YES 2 NO
100. STREET AND NUMBER 25400 C1	earw	ater Dri	ive			101	201	872		-	zen of v	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dive		FORCES? 1	TEVER IN U.S. ARI YES 2 N MAR OR DATES - 1957	MED D		WAS DEC If yes, spe 1 YES	cify Cube	n, Mexice	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No—		- American Indian, White, etc.
	EDENT'S EDI		18e. DEC	CEDENT'S	USUAL C	CCUPATIO	ON et of weekle	201	16b. KIND OF BUS	INESS/IN		
Elementary/Secondary (		College (1-4 or 5-+2	E 1	ect	i on	Sup	erv	ison	Montgo Gov		y Co	-
17. FATHER'S NAME (First, A Troy Je		an						Ch1 C	ME (First, Middle, Meiden De Ruth		veas	sh
190. INFORMANT'S NAME (1888) Betty M. J		gan							oute Number, City or Town			20872 Maryland
20e. METHOD OF DISPOSIT		noval from State	20b. PLACE A	ND DATE	OF OISPO	SITION (Na	me of		OATE 20c. LO	CATION —	City or To	wn, State
4 Donation 5 Other	(Specify)		Montg	ome:						the	sda,	Maryland
21. SIGNATURE OF FUNERA	LUSERVICE L	Y	ner		0.		J. 1	Mole	esworth, F			neral Home Maryland
IMMEDIATE CAUSE (Fit disease or condition resulting in desth)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS	ilons, idiate ing	b	(OR AS A CONSED	UENCE D	F): F):	ASC(	NOM	AO	FLEAT	Lun	K-	Onset and Death
PART II. Other signification of the CPT OF C	-	ns contributing to				nderlying				MEO?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF O	EATH (Ch	ick only one)			
t VES 2 NO 27. MANNER OF DEATH			ER/Outpetient 3 INJURY	28b. TIM	4 🗆 Nu	rsing Hom 28c. INJ		esidence	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED	
2 Accident	Pending Investigation Could not be	28e. PLACE C	F INJURY — At hor		М	1 🗆 1	'ES 2 [	□ NO	28f. LOCATION (Street of	and Numbe	r or Rural F	Route Number,
4 Homicide	determined	building,	etc. (Specify)						City or Town, State)			
									to the cause(e) end man			e) end manner as stated.
29b. SIGNATURE AND TITLE	1.12	sow /	M				29c LICE	O7	IBER DR	29d. DAT	E SIGNED	(Month, Day, Year)
30/MANE AND ADDRESS D	A	Dogges	SE OF DEATH (ITEM	1110	7 8	PHI	SICF	ZUA	CANE RO	CKV	lut	MD mero
31. DATE FILED (Month, Day, NOV 0	9 1994	32. p€GIŞTR/	S SIGNATURE	robally	i						1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with character death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE-COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89

ų	P
BOX 68760.	
စ	
37	
õ	
Ξ	
즈	
O. BOX 6	
മ	
<u>Б</u> .	
'n.	
-	
Š	
õ	
≂	
늣	
$\mathcal{L}$	
U	
RECORDS	
RECORDS	
_1	
₫	
⊢	
_	
_	
OF VITAL	
0	
_	
$_{2}$	
DIVISION OF	
=	
2	
$\overline{}$	

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTA	L HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	v	EAR 3.	TIME OF DEATH
A 4 Marin 197		RONALD	WAI	LTER	K	AYSER				1994	7 • 47 A
1		4. SOCIAL SECURITY NUMBER 176 30 5197	1 <del>2</del> M 2 □ F 57	In yrs. lest birtnday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH th, Day, Year) -1937		BIRTHPLA Country)	MCE (State or Foreign
1	BC BC	99. FACILITY NAME (If not institution, give s				OR LOCATION OF I			9c. COUNTY		
	RECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNT			PRIN	02 11122	ERIC	CK	CAL		
The state of the s	<u> </u>	MD Calv			rv, town on loca nkirk	LTION					d. INSIDE CITY LIMITS? YES 2 1 NO
		10e. STREET AND NUMBER			10	of. ZIP CODE			10g. CITIZEI	OF WHA	T COUNTRY?
ian. transi	NER	4030 Buckboard				20754			USA		
BALTIMORE, MARYLAND 21215-0020  er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit val.	BY FUNI	11. MARITAL STATUS  1 Never Merried 2 K Merried  3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto	N? (Specify Yes or Ricen, etc.)	r No→ 14	RACE — Bleck, W Specify:	American Indian, hite, etc.  White
r attending use as the	TEO	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	S USUAL OCCUPATI	ION lost of working	16	b. KIND OF BUSIN	ESS/INDUS	TRY	wille
ND 21 hospital or tached for u	PLET	Elemantary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NDT u	ise retired.)				-		
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	<u>5+</u>	Teac	her	16. MOTHER'S N	AME (First,	Public Middle, Malden Su		ols	
SYLA Sy the d be deta d at one	ш	Harry John Ka	vser					illian	,	ina	
MAR retained 5 should notified	ТО В	19e. INFORMANT'S NAME (Type/Print)	·	19b. MAILING	G ADDRESS (Street	and Number or Rura					
E, N y be r yage 5 age 5		Susan B. Kayser			e as 10						
OR 6 ma octor, p		1 Donetion 5 Other (Specify)	ceme	etery, crematory or o			0+31		TION — CIT		
TIM Page ral din	1	21. SIGNATURE OF FUNERAL SERVICE LY	tensee	SCLODOLL	tan Crem	IND ADDRESS OF F		-94 AJ.	exand	Lld,	VA.
BALTIMORE, is after death. Page 6 may be in by the funeral director, page removal.		MIIII	al phys	100	10	h Funera			_		20736
nours ad in to or rer		23. PART I. Entar the diseases, preshock, or heart failure.  IMMEDIATE CAUSE (Final	complications that cadsad List only ona cause on ea	I tha death. Do ach line.	not antar tha mi	oda of dylng, su	ch as car	diac or respirat	lory arreal	,	Approximata Intarval Batween Onset and Daath
withli, spletely cremati		disease or condition resulting in death)	a. MULTIP DUE TO (OR AS A	LE INJ	URIES						
OX 687( be be executed siclan and corrior to burial, traumatic executed)	NO	Sequantially list conditions,  Due to (or as a consequence of):									
or t	CATI	if any, leading to immediate cause. Enter UNDERLYING	C	CONSEQUENCE	r.						
Pe la la	IFI	CAUSE (Disease or Injury that initiated events	tt initiated events DUE TO (OR AS A CONSEQUENCE OF):								
a - 2 T = 1	CERTIFICATION	resulting in death) LAST	d								
ADS treed by the nd Mer	뒿	PART ii. Other significant condition	a contributing to death bu	ut not reaulting	in the undariyin	ng cause givan ir	Part i.	24s. WAS AN AU PERFORMS			RE AUTOPSY FINDINGS VILABLE PRIOR TO
RECORD requires that the een signed by it of Health and h shows any in	MEDIC						1- YES 2			CO	MPLETION OF CAUSE DEATH?
requirence of H		DID TOPACCO LISE CONT	DIRLITE TO CALLER OF	E DEATH V	FC T NO F	7				_ 1 [	YES 2 NO
Se 83   S	PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)		ΝЦ				
VITAL SIAN: The far ritificate has he State Dep or Item 23	SIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 X ER/Outpa	Itlent 3 DOA	OTHER:	ne 5 🗆 Residence	6 🗆 Othe	er (Specify)			
HYSICI nis cert with the	PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c, IN.	JURY AT ORK?	28d. DE	SCRIBE HOW INJ			
NG PHYS frer this ceath with marked,	В	1 Natural 5 Pending 2 Accident Investigation	OCT 28.	1994 6	: 55AM' 🗆	YES 2 NO	L.TM	DACT	N AU		
DIVISION OF VITA  DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate he hours after death with the State D  item 28 is marked, or item	<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Special	- At home, ferm, ify) ROADWA		ce .	ROU	ATION (Street end	CAL	VER	r County
보 국 군 등	COMPLET		CIAN: To the beat of my knowle							nuse(s) en	d manner es stated
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: It		SIN SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU					nth, Day, Yeer)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO BE	Whate mely	full for	)		0.0.1	M.E.		OBER		. 1994
	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	XTH (ITEM 27) (Ђ/ре	, Print)				VIII		
10		MARGARITA A K 31. DATE FILED (Month, Day, Year)	ORF.I.I. 1	11 Peni	Stree	t. Bal	timo	re. Ma	ryla	nd	21201
			Julia Daviden R								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be retained by the hosp TO THE FUNEAL DIRECTIVE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burist, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
_			_	

	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO	).					
	1. OECEDENT'S NAME (First, Middle, Last) Thumas Ru	unt Ka	HOMAS ROI	BERT KA	ASSAY	2. DATE OF DEATH MONTH	)AY 19	YEAR 3. TIME OF DEATH	, м			
- 3	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	- 1	8. BIRTHPLACE (State or Foreign	ian			
- 8	050-44-0413	M 2   F	44 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year)	1050	Country)				
- 15	9e. FACILITY NAME (If not institution, give street		7.7	9h CITY TO	WN OR LOCATION OF D	Aug. 17,		New York	- 2			
œ		O.A				f .	9c. COUR	ATT OF BEATH				
2	RESIDENCE OF DECEDENT	C		E CC	geword		14	arful				
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
5	Maryland Ha	rford		Edga	rood.			LIMITS?				
5	10e. STREET AND NUMBER	LIOIU		Edge	10f. ZIP CODE		T 40. 0171	1 TYES 2 NO	,			
A						-	10g. CITI	ZEN OF WHAT COUNTRY?				
밀	1205 Hall St.				2104			USA				
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Neverled	WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	e or No—	14. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 X NO Speci			Specify: White				
		Vietnam						MITTLE				
ш	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	16a. DECEDENT'S (Give kind of	work done during	PATION g most of working	166. KIND OF BL	ISINESS/IND	USTRY				
الا	Elementery/Secondary (0-12) Co	ollege (1-4 or 5 +)	life. Do NOT u		GI .							
물		4	Draw Br	lage U	perator	County	7 GOVE	ernment				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider						
H	John Sulli	van	1000		Elear	or I	Kassay	7				
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet end Number or Rural	Route Number, City or Tox	vn, State, Zip	Code)				
F	Lorene M. Kregar		1205	Hall S	t., Edgewo	od, Md. 2	L040					
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 X Removal	21	DE PLACE AND DATE	OF DISPOSITIO	N/Neme of	DATE 20c 10	CATION -	City or Town, State				
	4 Donetion DOther (Specify)	from State	tiantic	CO ( Ve-	terans Cen	etery 11-	5-94	Estell Manor	- N.T			
	21. SIGNATURE OF FUNERAL SERVICE LIKELYS	12/1 1/1	1511	/ 22. NAM	E AND ADDRESS OF FA	CILITY						
- 1	6// 1//3	///X						al Home, P.A.				
	/ Tures		len					n, Md. 21009				
	23. PART i. Enter the diseases, or comp	olications that caus	ed tha daath. Do	not anter tha	moda of dying, au	ch aa cardiac or raap	iratory arr					
	shock, or heart failure. List only one cause on each line. interval Batween iMMEDIATE CAUSE (Final											
	disease or condition 1 15 the and a line to Canada and a 10											
	reaulting in death) a	DUE TO (OR AS	A CONSEQUENCE O	F):			A STATE OF THE PARTY OF THE PAR	con .	-			
-	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
X	cause. Entar UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated avanta DUE TO (OR AS A CONSEQUENCE OF):											
1	reaulting in death) LAST											
빙	d											
4	PART II. Other aignificant conditions co	ntributing to death	but not reaulting	in the undar	ying cause given in	Part i. 24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
EDICAL						1 _ YES	1	COMPLETION OF CAU				
Ų.							X	OF DEATH?				
Σ	DID TOBACCO USE CO	NTRIBILITE TO	CALISE	E DEATH	YES IT N			1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TAIRIDOIL IC	CAUSE O		B. PLACE OF DEATH (C							
Si	EXAMINER?	SPITAL:		OTHER:	10							
¥ }	27/MANNER OF DEATH	Inpetient 2 ER/Ou			Home 5 Residence							
	1 Natural 5 Pending	(Month, Day, Year)		URY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCC	CURED				
B	2 Accident Investigation				YES 2 NO				ì			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, ecify)	street, factory,	office	281. LOCATION (Street City or Town, State	end Number	or Rural Route Number,				
Ë I	4   Homicide determined								_			
2 1	29e. CERTIFIER (Check only	: To the best of my kno	wledge, death occurr	ed at the time,	date end place, end du	to the cause(e) end mu	nner as state	ed.				
COMPLETE								e ceuse(e) end menner ee state	ed.			
	295. SIGNATURE AND TITLE OF CERTIFIER	0 . 1	1.3-11	101								
띪	0.1.11	1116	Sourch Lieu	glanes	29c. LICENSE NU			E SIGNED (Month, Day, Year)				
၉	/ Secure / C	oyen p	D Hay	race	1 0	CME	1/1	ounter 2,199	14			
	30. NAME AND ADDRESS OF PERSON WHO CO	WILETED CAUSE OF D	EATH (ITEM 27) (ACH	PHINE Z	013 TRAPE	R. CHURC	N K	RUAD				
	KICHARD J.	COLFER	M.D.	-	DARLING	TON, MI	BYL	OUMBUL, 199 PUAD AND 2103	4			
	31. DATE FILED (Month, Day, Year)	32 AEGISTRAR'S SIG	HATURE	717								
	NOV 03 1994	The diamete	si Nardall									

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			CERTIFIC		REG. NO.					
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	YVONNE JEAN	KEMP			Oct. 29,	Y YEAF 1994	1:00 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign			
	348 20 5993		68 YAS.	ONTHS DAYS HOURS MIN.		1926	OWA			
500	96. FACILITY NAME (If not institution, give street and number)  308 Franklin Avenue  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Worces									
ן וְ	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	v	do CITY	TOWN OR LOCATION			1			
DINE.	Maryland Word	ester	Berl				10d. INSIDE CITY LIMITS? TV YES 2 NO			
LONGHAL	308 Franklin Ave	nue		101. ZIP CODE 21811		U.S.A	F WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES ZY NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxis 1  YES 2 NO Specific NO Specific No.	can, Puerto Ricen, atc.)	Bi	ACE — American Indian, ack, White, atc.			
EIED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during most of working	16b. KIND OF BUS	INESS/INDUSTRY				
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Songstre		Enterta	ainment				
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden :					
0	Walter Meves			Anna E						
	19e. INFORMANT'S NAME (Type/Print)		19h MAII INC AT	DORESS (Street end Number or Rura		Otata 75 O- 1				
2	Wayne Walter San	dhere								
		uber g		verwood Dr.			22309			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE OF cemetery, crematory or other	place)		CATION — City or				
	4 Donetion 5 Other (Specify)		Cedar Hill	Cemetery	Suit	land, N	aryland			
	21. SIGNATURE OF TUHERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F	ACILITY	108	Williams S			
	BURBAGE FUNERAL HOME Berlin, MD									
CEMILICATION	23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, approximation and the cause on each line.  Approximation and the cause of dying, such as cerdiec or respiratory streat, interval Be on the cause of condition and disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
	PART il. Other significent condition	as contributing to de	eth but not resulting in	the underlying cause given is	Dart I 240 MMS AN	AUTODOV (	4b. WERE AUTOPSY FINDING			
MEDICAL	Congestive	PERFOR	I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AU ANILABL COMPLET  DF OEAT  1 YES							
3	DE MAC CACE DEFENDES TO ASSESS									
, H	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
		1   YES 21 NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)								
	1 TES 2N NO	1   Inpatient 2   EF		☐ Nursing Home 5 Residence	6 U Other (Specify)					
	1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	28a. OATE OF INJ (Month, Day,	JURY 28b, TIME (	OF 28c. INJURY AT	28d. OESCRIBE HOW IN	JURY OCCURED				
	1  YES 2 NO  27. MANNER OF OEATH  1 Natural 5  Pending	28a. OATE OF INJ (Month, Day,	JURY 28b. TIME (INJURY – At home, ferm, stra	DF 28c. INJURY AT WORK?  M 1 YES 2 NO			al Route Number,			
בוכה פו	1 VES 21 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  20e. CERTIFIER (Check only)  1 CERTIFYING PHYS	28e. OATE OF IN. (Month, Day.) 28e. PLACE OF IN. building, etc.	IURY 28b. TIME ( INJUR  INJURY — At home, ferm, strs  (Specify)	DF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. OESCRIBE HOW IN  281, LOCATION (Street e City or Yown, State)  to the cause(e) end man	nd Number or Run				
O BE COMPLETED BY PHISICIAN.	1 VES 2NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF INJ (Month, Day,  28e. PLACE OF IN building, atc.  ICIAN: To the best of my ER: On the basis of exam	IURY 28b. TIME (INJURY — At home, ferm, stra (Specify)  knowledge, death occurred ination end/or investigation,	PF 28c. INJURY AT WORK? M 1 YES 2 No et, fectory, office at the time, date end place, and du in my opinion, death occured at the	28d. OESCRIBE HOW IN  28f. LOCATION (Street e City or Yown, State)  se to the cause(e) end man se time, date and place, end	nd Number or Run ner as stated. d due to the caus				
BE COMPLETED BY	1 VES 2NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WE	28e. DATE OF INJ (Month, Day,  28e. PLACE OF IN building, atc.  ICIAN: To the best of my ER: On the basis of exam	IURY 28b. TIME (INJURY — At home, ferm, stra (Specify)  knowledge, death occurred ination end/or investigation,  OF DEATH (ITEM 27) (Type, Pr.	PF 28c. INJURY AT WORK?  M 1 YES 2 No  ret, fectory, office  at the time, date end place, and du  In my opinion, death occured at the	28d. OESCRIBE HOW IN  28f. LOCATION (Street e City or Yown, State)  se to the cause(e) end man se time, date and place, end	nd Number or Run ner as stated. d due to the caus	e(e) and manner as stated  ED (Month: Che; West)			

- 1
- 1
- 1

A BANKEY

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Note the third of the retained by the attending physician and competely filled in by the functuit, page 5 should be detached by the signed by the attending physician and competely filled in by the functuit direction, page 5 should be detached by the safe before the burish-trained per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or manner. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TOTAL STORY STANDARD AND A SECONDARD STANDARD ST		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYG				
THE HORSE AT SHARE (First and Annexe) # SHARE AND ANNEXE AND AND ANNEXE AND A			DI PENNISY				2. DATE OF DEAT	TH DAY			
The figure of the process of the pro				In vrs. lest birthdev)	F LINDER 1 YEAR						
THE STATE OF DECIDION OF THE PARTY HOUSE THE STATE OF THE		212-10-6265	1 2 M 2 □ F	(Month, Day, Ye	ar) 511	Count	aryland	orangri			
31 Linden Street  31 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  33 Linden Street  34 Linden Street  35 Linden Street  36 Linden Street  37 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  39 Linden Street  30 Linden St	~	9e. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COL	INTY OF D	EATH	
31 Linden Street  31 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  33 Linden Street  34 Linden Street  35 Linden Street  36 Linden Street  37 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  39 Linden Street  30 Linden St	CTO	RESIDENCE OF DECEDENT	HOSPITAL.		CUMBE	RLAND		AI	LEGA	NY	
31 Linden Street  31 Linden Street  31 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  32 Linden Street  33 Linden Street  34 Linden Street  35 Linden Street  36 Linden Street  37 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  38 Linden Street  39 Linden Street  30 Linden St	뿔	1000 0001111	legany						LIMITS?		
Windowed   Discrete   First Girter Win On Dates   1 1 1 2 2 2 8 10 2000/   South   S			E				140-00			NO	
Windowed   Duroused   First, over wan on notes   1 or 2 miles   2000	ERA		t		101			10g. Cr			
Windowed   Duroused   First, over wan on notes   1 or 2 miles   2000	5		12. WAS DECEDENT EVER I	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Speci	fy Yes or No	14. RACI	E — American Indi	an,
No. DECERENT'S EDUCATION   College (14 or 5 -1)   College (14 or 5	BY	. C	IF YES, GIVE WAR OR D					c.)	1	Mer	
The Herney Teacher Teach Renney See Malling Address (three and humber of hear Seek Nations) or for the Seek Nations Copy or form, State Teach Seek Nations, Copy or Seek, State Teach Seek Nations, Copy or Seek, State Teach Seek Nations, Copy or Seek, State Teach Seek Nations, Copy or Seek, State Teach Seek Nations, Copy or Seek, State Teach Seek National Seek Natio	TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	(Give kind of wor	k done during mo	N SI of working	16b, KIND O	F BUSINESS/IN	DUSTRY		
The Horney Teach Renney See Malling Address (Store and Number Part Rose Name, 22 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  10 Part (Store) - Give Rose Name 2 Comb)  10 Part (Store) - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  13 Juneau Service Location - Give Rose Name 2 Comb)  14 Juneau Service Location - Give Rose Name 2 Comb)  15 Juneau Service Location - Give Rose Name 2 Comb)  16 Juneau Service Location - Give Rose Name 2 Comb)  17 Juneau Service Location - Give Rose Name 2 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  10 Juneau Service Location - Give Rose Name 2 Comb)  10 Juneau Service Location - Give Rose Name 2 Comb Service Comb)  10 Juneau Service Location - Give Rose Name 2 Comb Service Co	PLE		College (1-4 or 5 +)			יינ	Gro	cerv S	tore		
The Horney Teach Renney See Malling Address (Store and Number Part Rose Name, 22 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  10 Part (Store) - Give Rose Name 2 Comb)  10 Part (Store) - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  12 Juneau Service Location - Give Rose Name 2 Comb)  13 Juneau Service Location - Give Rose Name 2 Comb)  14 Juneau Service Location - Give Rose Name 2 Comb)  15 Juneau Service Location - Give Rose Name 2 Comb)  16 Juneau Service Location - Give Rose Name 2 Comb)  17 Juneau Service Location - Give Rose Name 2 Comb)  18 Juneau Service Location - Give Rose Name 2 Comb)  19 Juneau Service Location - Give Rose Name 2 Comb)  10 Juneau Service Location - Give Rose Name 2 Comb)  10 Juneau Service Location - Give Rose Name 2 Comb Service Comb)  10 Juneau Service Location - Give Rose Name 2 Comb Service Co	0	17. FATHER'S NAME (First, Middle, Last)			• For a				0020		
The first content of the first content (properties)   The first content of the first conten	E	Peter T.	Kenne	y					rick		
23. PART IL Other diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  23. PART IL Other diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  23. PART IL Other diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  23. PART IL Other diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, linearly Battween Onset and Death in the cause of conditions or southing in death). LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF	0	The state of the s									
Source   2   Commentor   3   Description   State   1   State   2   Commentor   3   Description   State   3   Sta	-			31 Line	len Str	et Fros	tburg, M	larylan	d 21	532	
21. SIGNATUPE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Durst Funeral Home  57 Frost Avenue Frostburg, Md. 21532  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Battween Onset and Dasth  Approximate interval Battween Onset and Dasth  IMMEDIATE CAUSE (Final disease).  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYDHY that inflituded events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE		200. PLACE AND DATE OF DISPOSITION (Notified)								wn, State	d
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Approximate interval Batteren consecuting in death)   Approximate interval Batteren consecuting in death   Approximate interval Batteren consecuting in death   Approximate interval Batteren consecuting in death   Approximate interval Batteren consecuting in death   Approximate interval Batteren consecuting in death   Approximate interval Batteren consecuting in death   Approximate   Appr				or machael							i Çi
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart failure. List only one cause on asch line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSCOUENCE OF):    Sequentially list conditions, if any, is adding to immediate cause. Enter UNDERLYING CAUSE (Disease or injust)   DUE TO (OR AS A CONSCOUENCE OF):   DUE TO (OR AS A		> Sthe P. L	form				Durs				
MMEDIATE CAUSE (Final diseases or condition)  Sequentially list conditions, put to (or as a consequence of):  DUE TO (or as a consequence of):		23. PART i. Enter the diseases, or con	mplications that caused	the death. Do not				400			ata
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death ) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE		shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Mtastakc Bake Carcinow9									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    248. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO   NAME-AND TITLE OF CERTIFIER   296. INJURY AT WORK?   1   YES 2   NO   2   NO   2   NO   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   NAME-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   DOA   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   A   DOA   DOA   A   DOA   DOA   A   DOA   DOA   A   DO	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO COMPLETION OF CAUSE OF DEATH?    VES 2 NO   NO COMPLETION OF CAUSE OF DEATH YES NO NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH YES NO NO COMPLETION OF CAUSE OF DEATH?   VES 2 NO   NO COMPLETION OF CAUSE OF DEATH (Check only one)		PART ii Other elegificant conditions									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO STAND NOTICE Standard Properties of the course o	MEDICAL	- Horbe Sh	PU0513				PE	RFORMED?	246	AMILABLE PRIOR COMPLETION OF OF DEATH?	TO
Accident   Investigation   28   Accident   2	ä		ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NC					
Accident   Investigation   Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number.	SICIA	EXAMINER?			THER:						
Accident   Investigation   Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number.	Η̈́		1						CHRED		
3 Suicide 4 Homicide 5 Could not be determined  288. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 6 Could not be determined  288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, dete and piece, and due to the cause(e) end menner ee stated.  299. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER  290. DATE SIGNED (Moyim, Dex. Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM IN the Print)  DR. THOMAS CHAPPELL, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502			(Month, Day, Year)		Y WO	RK?	204. 52001102 1	ow mooning of	CONED		
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM ST. VADR. PRINT)  DR. THOMAS CHAPPELL, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502  31. DATE FILED (Month, Day, Year)  432. REGISTRAD SIGNATURE		3 Suicide 6 Could not be	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, stre	et, factory, office				or Rural I	Route Number,	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM ST. VADR. PRINT)  DR. THOMAS CHAPPELL, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502  31. DATE FILED (Month, Day, Year)  432. REGISTRAD SIGNATURE	OMPLE	(Check only CERTIFTING PHYSICI)								e) end manner ea s	stated.
DR. THOMAS CHAPPELL, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502  31. DATE FILED (Month, Day, Year)  A32. REGISTRAPS SIGNATURE	닒	Nonn 1	100	Chris	M	29c, LICENSE NUI	35/35	29d. DA	I SIGNED	(Mojem, Day, Year)	
31. DATE FILED (Month, Dey. Year) 422. REGISTRAPS SIGNATURE				//	7.	CIIMRED	TAND MO	21502	7 7		
II MAN A BELIEF CONTRACTOR AND AND AND AND AND AND AND AND AND AND		31. DATE FILED (Month, Day, Year) NOV 0 9 1994	32. REGISTRAPE SIGN	ATURE	DICE VIE	VOCIDER	LICITIVE TIL	<u> </u>		· -	

The same of

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	th th	ė d		0
	D D	d pi		D
	taine	shou		iii
	e rel	10		2
,	ly b	page		be
	mg	tor,		ust
	ge 6	irect		E
	P.	Te.		in a
	eath	une		Ea
	b Jai	the	Mal.	9
	s af	5	emo	dica
	DOU	E. D	10	Ē
	57	file	ion,	he
	thin	iely	mat	£,
	W	gu	Cre	Ye
	ute	8	urial	ic o
	exe	an	to b	ша
	pe	iciar	10	ne
	cate	phys	e D	-
	ertif	Bui	gier	븅
	the	tend	Ŧ	9
	de	e at	Ment	Ë,
	t the	th Ac	P	Ξ
	tha	pe	th a	any
	uires	Sign	Hea	SM.
	requ	een	o	sho
	AMP.	as b	)ept	23
	The	ite h	ate (	Ea
	AN:	tifica	S	===
	Sici	Cer	E	9,0
	Æ	this	W	rke
	NG	fter	eath	E
	END	R: A	P Ja	S
	ATT	6	s aft	28
	OR	OIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ten
	IAL	M	2	11
	SPI	INER	thin	H
	E HC	E F	W	MA
	王	王	flec	0
	2	2	pe	₹

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE O	F DEATH	RE	G. NO.		
	DANNY MASON KELL	AM			2. DATE OF DE	BER <sup>DAY</sup> 1,	1994	3. TIME OF DEATH 4:55 P M
	215-62-2330 1 □XM 2 □ F	5-62-2330 1 XM 2 - F 42 YRS. MON					Countr	PLACE (State or Foreign y) rginia
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITA  RESIDENCE OF DECEMENT		N OR LOCATION OF DE IMORE CITY		122.0	LT C		
LD LD	100. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY
	Virginia Northhampton	-	kmore	- nen				LIMITS? 1 YES 2 NO
FUNERAL	7264 Otter Rd.			23350		US	S A	/HAT COUNTRY?
B₹	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	BECENDENT OF HISPAN specify Cuben, Mexica (ES 2 X NO Specify	n, Puerto Rican.	cify Yea or No— etc.)	14. RACE Black Specia	- American Indian, t, White, etc. fy: White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPA	TION	16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLET	Elamentary/Secondary (0-12) College (1-4 or 5 +) 1 2	(Give kind of wo life. Do NOT use) Deput			La	w Enfo	orce	ment
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA				
BEC	Billy Copes Kells  190. INFORMANT'S NAME (Type/Print)			Pegg	у Ма	son		
2	DESCRIPTION OF THE PROPERTY OF			et and Number or Rural F			,	
	Betty Bell Kellam			er Rd. E	xmore,	Va. 2	3350	
	1A Buriel 2 Cremation 3 Removal from State ceme	PLACE AND DATE OF elery, crematory or othe BelleHA	er place)			20c. LOCATION — Belle 1		wn, State n , Va .
	21. BIONATURE OF MINERAL SERVICE TUCENSES		22, NAME	AND ADDRESS OF FA	CILITY	4 9	95 R	itchieHwy
_	1 Dune							rna ParkMD
	23. PART Entar the diseases, or complications that caused chock, or heert fellure. List only one cause on eximmediate cause (Final disease or condition resulting in death)  DUE TO (OR AS A	consequence of:	lene	rode of dying, such	h as cardlec D	r respiratory a	rrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significent conditions contributing to deeth be	ut not requiting in	the underly	ing cause given in	Dort i 24a 1	MAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS
EDICAL					,	YES 2 NO	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	E DEATH VEC	Пио	- III ICEPTAIN				1 TYES 2 ANO
A		6. PLACE OF DEATH			1 [ [	<u>.</u> .		
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:	10)				
l ₹	1 YES 2 NO 1 Inpettent 2 ER/Outpu			ome 5 Realdence				
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME INJUR	RY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED	
8	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	— Al home, ferm, stri fy)	reet, fectory, of	fice	28f. LOCATION City or Town	(Street end Numbe n, State)	or Rural R	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beel of my knowledge of the manual of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the beel of the property of the property of the beel of the beel of the property of the beel of the beel of the property of the beel of the property of the beel of the beel of the beel of the property of the beel of the b							and manner ee stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	LP.		29c. LICENSE NUN	BER 60	29d. DA	TE SIGNED	(Month, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA STEPHEN J, NOGA, RM	3-12/	orcol	ogy CTX	600 N.	wolfe	ST, 1	SA/4. M.D. 120
	31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE PART II		1			,	2(21
L	NOV 10 1994 Julia d'avel	PRICE ACTION OF THE						1

FOR STATE REGISTRAR		STATE OF MA	RYLAND	) / DEPARTA	MENT OF	HEALTH AND F DEATH		HYGIEN	E			
1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE OF	OEATH			3. TIME OF DEATH	
HOWARD	5	Schaefer			KLI	EPPER	NOV	12	1994	YEAR	8:00A	м
4. SOCIAL SECURITY NUMB	ER	5. SEX 6.	AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreig	in
218-09-4010		1 🗀 🗐 F	88	YRS.	NTHS DAYS		Sept Sept	23 19	906	Mai	ryland	
9e. FACILITY NAME (If not in	stitution, give s	treet and number)				N OR LOCATION OF O			9c. COUN	TY OF O	EATH	
133 FRIA	EDENT	CK HILL				ood Forest			AN	NE A	ARUNDEL	
	10b. COUNT				OWN OR LOC						10d. INSIDE CITY	
MD  100. STREET AND NUMBER	Anne	Arundel			_	ood Forest					1 YES 2 NO	,
133 Friar T	Tuck H	lill				21405			-11.7		States	
11. MARITAL STATUS		12. WAS DECEDENT E	YER IN U.S.	ARMEO		ECENOENT OF HISPA				14. RACE	- American Indian,	
1 Never Merried 2		FORCES? 1 2		NO		specify Cuben, Mexica ES 2 XNO Specif		en, atc.)			White, etc.	
3XXVIdowed 4 Olvo		lwwi	-								White	
(Specify only	EOENT'S EOU highest grade	completed)	18e.	(Give kind of work life. Do NOT use re	UAL OCCUPA done during	TION most of working	16b. KII	NO OF BUS	INESS/INO	USTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		Engine	-			En	ginee	ring		
17. FATHER'S NAME (First, Mi						18. MOTHER'S NA			,			
		Charles Kle	pper				tie Sc					
190. INFORMANT'S NAME (7)						at and Number or Rural						
Richard C		per				arion Hill	Sherw	ood F	orest	t, M	D 21405	
20a METHOO OF OISPOSITI	ION on 3 □ Rem	oval from State		crematory or other			DATE	1	CATION —			
4 Donetion 5 Other			<u> Hill</u>	lcrest C		ry 11/16/9					laryland	
21. SIGNATURE OF FUNERAL	L SERVICE LIC	Plio.	•			ANO AOORESS OF FA						ome
Daine	8	Khille	po		147	Duke of (	Glouces	ster S	St. A	nnap	olis, MD	
23. PART I. Enter the di	seesea, er	complications that co	used the	death. Do not	enter the r	node of dying, aud	h as cerdled	or respli	ratory arr	eat,	Approximate	
ahock, or he	eert fellure.	complications that ca List only one cause	oused the on each i	death. Do not lne.	enter the r	mode of dying, auc	h as cerdled	or respli	ratory arr	eat,	Approximate interval Betw	reen
IMMEDIATE CAUSE (Fin disease or condition	eert fellure. iel	Liet Dnly one ceuse	Dn each li	Ine.		node of dying, auc				eat,	Interval Betw	reen
IMMEDIATE CAUSE (Fin	eert fellure. iel	a. Smoke	IN each I	Ine.		TUSKWA		or respli		eat,	Interval Betw	reen
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fellure.	a. Smoke	IN each I	Ine.		TUCKWA				eat,	Interval Betw	reen
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi If any, leading to immed	done,	a. Smoke	IN AS A CON	Ine.		TUERMA				eat,	Interval Betw	reen
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditi If any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju	done, diete	B. DUE TO (OR OUE TO (OR C.	IN AS A CONS	SEQUENCE OF):		TUCKMA				eat,	Interval Betw	reen
anock, or no IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list condition if any, leading to immediates. Enter UNDERLY!	done, diete	B. DUE TO (OR OUE TO (OR C.	IN AS A CONS	SEQUENCE OF):		TUCKUM				eat,	Interval Betw	reen
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initieted evente	done, diete	B. DUE TO (OR OUE TO (OR C.	IN AS A CONS	SEQUENCE OF):		TWERMA				eat,	Interval Betw	reen
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initieted evente	done, diete	a. SMOKE  DUE TO (OR  OUE TO (OR  DUE TO (OR	AS A CONS	SEQUENCE OF):	) Z	TUERMAN	_ [^	JSW/S	AUTOPSY		Interval Betw Onset and Do	eath
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initieted evente resulting in death) LAS'	done, diete	a. SMOKE  DUE TO (OR  OUE TO (OR  DUE TO (OR	AS A CONS	SEQUENCE OF):	) Z	TUERMAN	Part I. 24	Ia. WAS AN PERFOR	AUTOPSY MEO?		Interval Betw Onset and Do Onset and Do Were Autopsy Finoi WAILABLE PRIOR TO COMPLETION OF CAUS	eath
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initieted evente resulting in death) LAS'	done, diete	a. SMOKE  DUE TO (OR  OUE TO (OR  DUE TO (OR	AS A CONS	SEQUENCE OF):	) Z	TUERMAN	Part I. 24	JSW/S	AUTOPSY MEO?		WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initieted evente resulting in death) LAS'	done, diete NG ry	a. SMOKE  DUE TO (OR  C. DUE TO (OR  d. SCONTRIBUTING to de	AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in t	he underly	TWERWAY	Part I.   24	Ia. WAS AN PERFOR	AUTOPSY MEO?		Interval Betw Onset and Do Onset and Do Were Autopsy Finoi WAILABLE PRIOR TO COMPLETION OF CAUS	eath
shock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentielly list condition if amy, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuit that initiated evente resulting in death) LAS	done, diete NG ry T	a. SMOKE DUE TO (OR  OUE TO (OR  DUE TO (OR  d.  RIBUTE TO CAUS	AS A CONSTRUCTION OF THE PROPERTY OF THE PROPE	SEQUENCE OF): SEQUENCE OF): Det resulting in the second of	he underly	Ing ceuse given in	Part I.   24	Ia. WAS AN PERFOR	AUTOPSY MEO?		WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath
anock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentielly list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuin that inliteted evente resulting in death) LAST	done, diete NG ry T	a. SMOKE  DUE TO (OR  C. DUE TO (OR  d. SCONTRIBUTING to de	AS A CONSTANT OF THE PROPERTY	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	he underly  NO Check only on	Ing ceuse given in	Part I.   24	Ja. Was an. Perfor	AUTOPSY MEO?		WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath
Anock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in binder in literature or injuthat initieted evente reaulting in death) LAS  PART II. Other eignification of the light of the ligh	one, diete NG ry T  SE CONTI	a. DUE TO (OR  DUE	AS A CONS  AS A CONS  AS A CONS  ET AS A CONS  AS A CONS  ET AS A CONS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	he underly  NO Check only on THER: Nuning H. Nuning H.	TWERWAY	Part I.   24	Ja. Was an Perform X Yes 2	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath
Anock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injuit that initiated evente resulting in death) LAS*  PART II. Other eignification of the condition of	done, diete NG ry T	B. DUE TO (OR  DUE	AS A CONSTITUTE OF DE C	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	he underly  NO Check only on THER: Nursing HH F Zec. I M 1	Ing ceuse given in  UNCERTAIL  DOME 5 TRESIDENCE  NJURY AT  NORK7  YES 2 NO	Part I. 24	Ja. WAS AN PERFORM YES 2	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath
Anock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in death)  If any, leading to immediates, enter UNDERLYI CAUSE (Disease or injuint that inliteted evente reaulting in death) LAS'  PART II. Other eignification of the condition of the	one, diete NG ry T SE CONTI	a. DUE TO (OR  DUE	AS A CONSTITUTE OF DE C	SEOUENCE OF):  SEOUEN	he underly  NO Check only on THER: Nursing HH F Zec. I M 1	Ing ceuse given in  UNCERTAIL  DOME 5 TRESIDENCE  NJURY AT  NORK7  YES 2 NO	Part I. 24  1  N	A. WAS AN PERFORM (X YES 2	AUTOPSY MEO?  NO  NJURY OCC	24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS	eath NGS
Anock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in death)  If any, leading to immediates, enter UNDERLYI CAUSE (Disease or injuint that inliteted evente reaulting in death) LAS'  PART II. Other eignification of the condition of the	one, diete NG ry T SE CONTI	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTITUTE OF DE C	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	he underly  NO Check only on THER: Nursing HH F Zec. I M 1	Ing ceuse given in  UNCERTAIL  DOME 5 TRESIDENCE  NJURY AT  NORK7  YES 2 NO	Part I. 24  1  8 Other (S)  28d. DESCRI	J.S. WAS AN PERFORM XYES 2	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS OF OEATH?	eath NGS
Anock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in death)  Sequentielly liat condition reaulting in death)  Sequentielly liat condition reaulting in death)  CAUSE (Disease or injughthat initiated evente reaulting in death) LAS*  PART II. Other eignification of the condition of	one, diete NG ry T  SE CONTI  D MEDICAL  Pending investigation Could not be determined	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTANT OF THE PROPERTY	SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  OT reaulting in to the second of the	he underly  NO Check only on THER: Numing H  F 28c. I	Ing ceuse given in  UNCERTAII  Delivery at NOORK7  YES 2 NO	Part I. 24  1  S Other (S)  28d. DESCRI	J.S.W.S. AN. PERFORE A.YES 2  Specify)  ON (Street e own, State)  P. J. R.	AUTOPSY MEO?  NO  NURTY OCC RE NO  TUCK	24b.	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS OF OEATH?	eath NGS
Anock, or he IMMEDIATE CAUSE (Find disease or condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition in the cause. Enter UNDERLYI CAUSE (Disease or injught that initieted evente reaulting in death) LAST  PART II. Other eignifica  DID TOBACCO U.  25. WAS CASE REFERREO TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5	one, diete NG ry T  SE CONTI  D MEOICAL  Pending investigation Could not be determined	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTITUTE OF THE PROPERTY OF THE PROPERT	SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  Ot reaulting in to the second of the	he underly  NO Check only on THER: Nursing H  F  28c. i  M 1 l  art, tactory, of	Ing ceuse given in  UNCERTAII  DOME 5 THE Residence NJURY AT WORK?  YES 2 NO fice	Part I. 24  1  8 Other (S)  28d. DESCRI Chy or R  28f. LOCATIC Chy or R  3 to the cause(	Ja. WAS AN. PERFOR  E STATE  ON (Street e own, State)  PLAC  e) end men	AUTOPSY MEO?  NO  NUMBER OCCUPANT OCCUP	24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF CEATURE 1 PRES 2 NO	NGS SE
Anock, or he IMMEDIATE CAUSE (Find disease or condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition reaulting in death)  Sequentielly list condition in the cause. Enter UNDERLYI CAUSE (Disease or injught that initieted evente reaulting in death) LAST  PART II. Other eignifica  DID TOBACCO U.  25. WAS CASE REFERREO TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5	one, diete NG ry T SE CONTI	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTANT OF THE PROPERTY	SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  Ot reaulting in to the second of the	he underly  NO Check only on THER: Nursing H  F  28c. i  M 1 l  art, tactory, of	Ing ceuse given in  UNCERTAII  DOME 5 THE Residence NJURY AT WORK?  YES 2 NO fice	Part I. 24  1  8 Other (S)  28d. DESCRI	Ja. WAS AN. PERFOR  E STATE  ON (Street e own, State)  PLAC  e) end men	AUTOPSY MEO?  NO  NJURY OCC  RE  TOUR  TOU	24b.  CURED  or Rural R  thill  ed.  e ceuse(e)	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF CEATURE 1 PRES 2 NO	NGS SE
Anock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition in the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated evente resulting in death) LAS'  PART II. Other eignification in the cause of the caus	one, diete NG ry T SE CONTI	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTANT OF THE PROPERTY	SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  Ot reaulting in to the second of the	he underly  NO Check only on THER: Nursing H  F  28c. i  M 1 l  art, tactory, of	Ing ceuse given in  UNCERTAII  DOTE 5 TRESIDENCE  NJURY AT  NORK7  YES 2 NO  Tica  ste end place, end dus  , death occured at the	Part I. 24  1  S Other (S)  28d. DESCRI  28d. DESCRI  Chy or R  3 T  to the cause( time, deta end	Ja. WAS AN. PERFOR  E STATE  ON (Street e own, State)  PLAC  e) end men	AUTOPSY MEO?  NO  NJURY OCC  RE  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.  Or Rural R  H111  ad.  couse(e)	WERE AUTOPSY FINDIA AMILAGLE PRIOR TO COMPLETION OF CAUS OF OEATH?  1 NES 2 NO	NGS SE
Anock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition in the cause. Enter UNDERLY! CAUSE (Disease or injust that initiated evente resulting in death) LAS'  PART II. Other eignification in the cause of the caus	SE CONTI  Description  SE CONTI  MEDICAL  Pending  mve stigetion  Could not be determined  IFYING PHYSI  CAL EXAMINE	BUTE TO CAUSE  C. DUE TO (OR  DUE TO (OR	AS A CONSTANT OF THE PROPERTY	SEOUENCE OF):  SEOUEN	he underly  NO Check only on THER: Nurning H  ot, tactory, of	Ing ceuse given in  UNCERTAIL  ie)  ome 5 to Residence  NJURY AT  WORK7  YES 2 NO  fica  site end place, end dus  , death occured at the	Part I. 24  1  S Other (S)  28d. DESCRI  28d. DESCRI  Chy or R  3 T  to the cause( time, deta end	Ja. WAS AN. PERFOR  E STATE  ON (Street e own, State)  PLAC  e) end men	AUTOPSY MEO?  NO  NJURY OCC  RE  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.  Or Rural R  H111  ad.  couse(e)	WERE AUTOPSY FINDIA AVAILABLE PRIOR TO COMPLETION OF CAUS OF OEATH?  1 NES 2 NO  NOUTE Number, MA  COURT Number, MA  COU	NGS SE
Anock, or he IMMEDIATE CAUSE (Findisease or condition reaulting in death)  Sequentielly liat condition reaulting in death)  Sequentielly liat condition reaulting in death)  CAUSE (Disease or injughthat initiated evente reaulting in death) LAS*  PART II. Other eignification of the condition of t	SE CONTI  Description  SE CONTI  MEDICAL  Pending  mve stigetion  Could not be determined  IFYING PHYSI  CAL EXAMINE	A. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  C. DUE TO (OR  DUE TO (OR	AS A CONSTANT OF DEATH (Institute of the constant of the const	SEOUENCE OF):  SEOUEN	he underly  NO Check only on THER: Nursing Hi F 28c. i M 1 1 st, tactory, of	Ing ceuse given in  UNCERTAIL  ie)  ome 5 to Residence  NJURY AT  WORK7  YES 2 NO  fica  site end place, end dus  , death occured at the	Part I. 24  1  S Other (S)  28d. DESCRI Chy or 8  28f. LOCATIC Chy or 8  48BER  M . E .	Ja. WAS AN PERFORM A YES 2  Decity)  ON (Street e over), Stata)  PLIM P and men d place, and	AUTOPSY MEO?  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b.  CURED  Or Rural R  et al.  et couse(e)	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF CEATING TO FORTH TO FINDING TO FORTH TO FO	ngs se

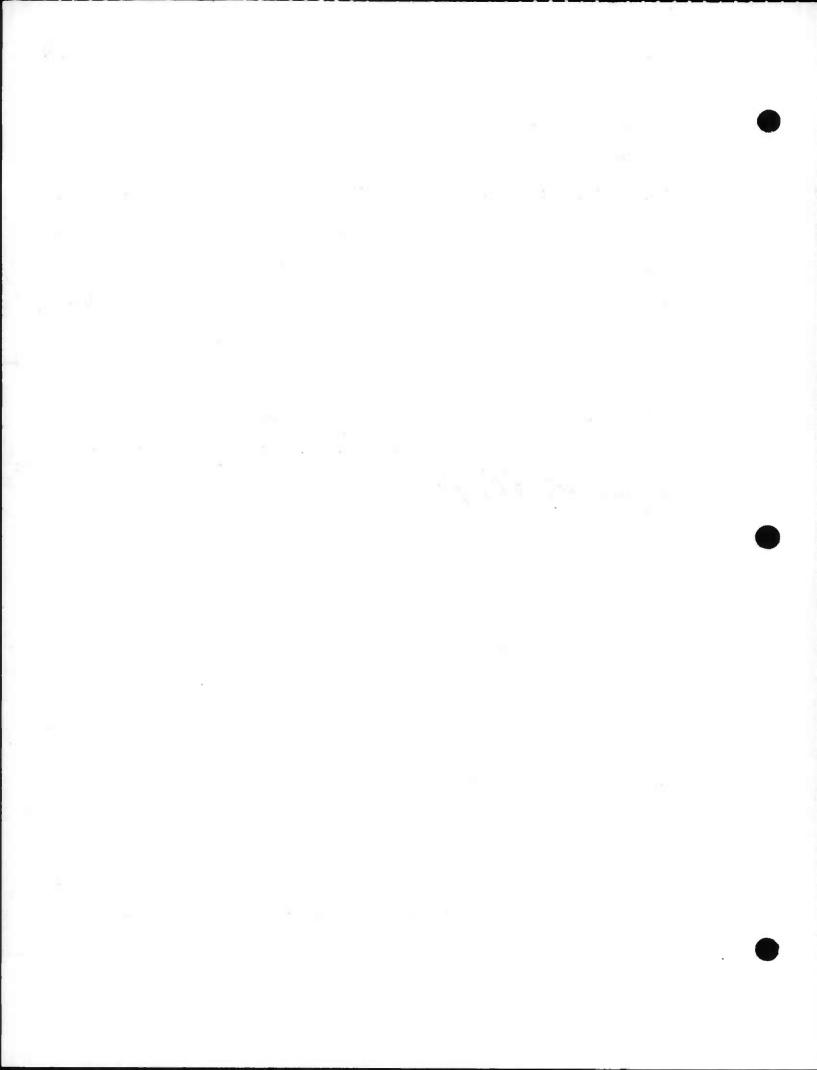
hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

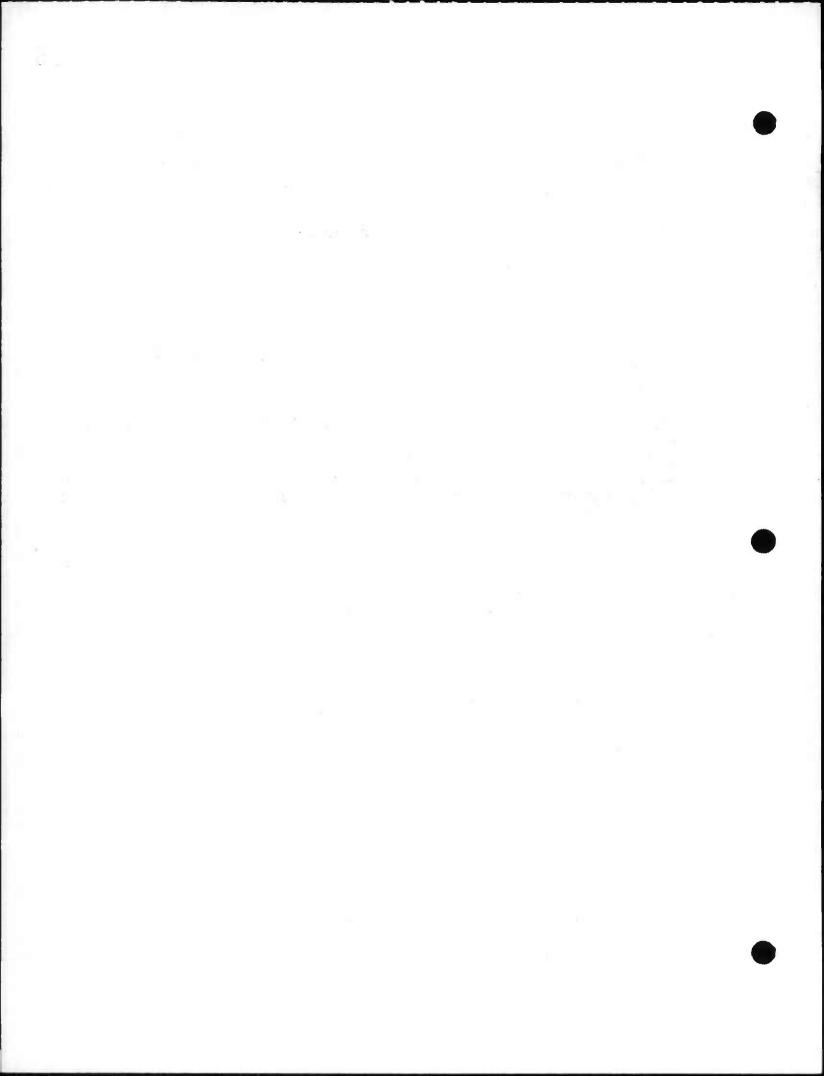


# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

at	USB		
0	Por		
polt	ed		
hos	ach		63
the	det		5
6	2		Ħ
g	pinc		ed
ğ	S		E
9	5		7
ay b	pag		P
Ĕ	00,		ust
90	Je C		E
ğ	io io		ner
Ę	ners		Ē
des	ĵ.		exa
Her	the state of	00/4	10
5	5	Le II	ig.
no	D	0	E
	fille	o,	9
	e ×	nati.	1, 1
WILL	plet	Crec	en en
ed G	EO.	9,	\$
96.11	p.	Par.	뜵
e e	e .	2	Ē
200	Cia	100	E
cate	SE !	e e	10
Ē	D.	Sien	tion of
200	ip:	É	10
eath	atte	IE I	=
9	the	Me	를
at th	6	and	y is
E TE	per	1	an
alres	Sign	Hea	¥
requ	Lee	6	9
Me	s be	D.	63
96	ha	ñ	n 2
=	ate	State	ter
ID THE HUSHIAL UR ALTENDING PHYSICIAN; The law requires that the death certincate be executed within mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the state Dept. of Health and Mental Hygiene prior to durial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
2	Ce	1	ď,
Ŧ	this	×	TKe.
5	le.	arn	man.
	Y	de	99
ii.	DR S	апе	200
Ā	350	2	E
Ś	ä	200	ie
¥	₹ 8	2	=
35	NES		Ë
£	2	¥	M
Ħ	出	EG	0
2	2	90	Σ

	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
i	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE O	
	NELLIE	E.	KEAFER	1 1	1 (

	1. DECEDENT'S NAME (First, Mid	ddle, Lasi)								2. DATE OF OEATH			3. TIME OF DEATH
	NELLIE	E :	E.	KEA	FER						0	94	8:50 p
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. last birthday) IF INDER 1 VEAR IF INDER 24 MISS 7. OATE OF BIOTH					6. BIRTHP	LACE (State or Foreign					
	216-46-06	216-46-0648 1 M 2 XF 91 YRS. MONTHS DAYS HOURS MIN. (Month) Day, Weg) 11/13/1				902	Country)	YLAND					
	9s. FACILITY NAME (If not institution, give street and number)					9b. CITY,	TOWN C	R LOCATI	ON OF DE			NTY OF DEA	
8	Memorial N	Hospi	tal		- 1		Cum	ber	land	1		Al:	legany
5	RESIDENCE OF DECED	DENT											
DIRECTOR	MARYLAND	ALLE	CANV			RESA							IOd. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	ALCEDE:	OMIT		CI	KESE					1		YES 2 NO
FUNERAL	14609 MC MI	DI.I.EN	HWY				101	215			10g. CIT		AT COUNTRY?
Z I	11. MARITAL STATUS			T EVED IN ITS AD	MED	140.1	MB 050			IC ORIGIN? (Specify Ye		US	
	1 Never Married 2 Marr		FORCES? 1	T EVER IN U.S. AR	NO	1 1	f yes, spe	cify Cubs	n, Maxican	, Puerto Ricen, stc.)	s or No	Black,	<ul> <li>American Indian,</li> <li>Whits, stc.</li> </ul>
B	3 X Widowed 4 Divorced	d	IF 123, GIVE 1	AN ON DATES		'	□ YES	2 LANO	Specify.	:		Specify.	WHITE
COMPLETED	15. OECEDEI (Specify only high	ENT'S EOUCATIO	ON cleter()	16s. DE	CEOENT'S I	USUAL OC	CUPATIO	N	_	16b, KIND OF BU	SINESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)		ollege (1-4 or 5 +	life.	Do NOT use	retired.)			-				
MP	12			GRO	CERY	SI	ORE	OM	NER	RE'	<b>TAIL</b>		
000	17. FATHER'S NAME (First, Middle,		~							AE (First, Middle, Malden		_	
BE	WILLIAM		G							ANN RO			
2	198. INFORMANT'S NAME (Type/F SARAH EWING									oute Number, City or Tow			21502
	20 METHOD OF DISPOSITION 1 Duriel 2 Cremation 3	3 🗆 Rsmoval	from Stats	20b. PLACE	AND DATE O	FDISPOS	ITION (Na	ne of		DATE 20c. LC	CATION -	City or Town	n, Stata
	4 Donation 5 Other (Spe			FROST	BURG					RK 11/14	/94	r KO2	TBURG, MD
- 1	E. SIGNATONE OF FUNEROLE SE	ENVICE LICENSI	W.	0	\	HA	FER	CH	APET	OF THE	HIL	T.S M	ORTHARY
	Jourge	A W	M	afer	/					L HWY, L			
	23. PART i. Enter the diaea: ahock, or heart	asea, or comp	plicatione tha	t caused the de	eth. Do n	ot enter	the mo-	de of dyl	ng, such	ee cardiac or reap	iratory en	reet,	Approximate
	IMMEDIATE CAUSE (Final	t leliule. List	A)	-			. /						Interval Between Onset and Deat
	disease or condition resulting in death)		Heat	ō Cong	esti	0. 1	Her	art	7	ileus			17 Days
		-	0 ^			no Heart Failure 7 Day.						аррпок.	
Z	Sequentially list conditions	b	Khee	(OR AS A CONSEC	He	art	1	rse	are				,,
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	te	6/ /					,					
CERTIFICATION	CAUSE (Disease or Injury	c_	DUE TO	ONALY OR AS A CONSEC	TTY	pes	fer	13 hong					-
Ē	that initiated events reaulting in death) LAST		502 10	(On AS A GANSE	DENCE OF	7							
8		d											
	(D)		In the underlying cause given in Part I. 24s. WAS AN										
MEDICAL	Digoxin			ation (						1 TYES			OMPLETION OF CAUSE
ME	Sillatio	ou, 1	atora	ewall,	rupe	audie	1	SCR	em	in	,		YES 2 NO
	DID TOBACCO USE	COŃTRIBU	UTE TO CA	USE OF DEA	TH YE	S $\square$ N	NO M	UNC	ERTAIN				41111
ĕ	25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:	26. PLAC	E OF DEAT	-	, ,						
ıς ∦	1 TES 2 NO			ER/Outpatient 3		OTHER		5 🗆 Rs	sidence (	Other (Specify)	Hy)		
PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5 Pend		26s. DATE OF (Month, Di		26b. TIME		28c. INJE		~	26d. DESCRIBE HOW	NJURY OC	CURED	
B		ding stigation		1	_	М	1 🗌 Y	ES 2	NO		,		
		ild not be	28a, PLACE Of building,	F INJURY — At ho atc. (Specify)	me, term, et	reet, facto	ory, office			261. LOCATION (Street City or Town, State)	and Number	or Rural Rou	ite Number,
COMPLETED		rmined											
릴	29s. CERTIFIER (Check only	ING PHYSICIAN	: To the best of	my knowledge, de	ath occurred	d at the ti	me, deta	and place,	and dua t	to the cause(s) and ma	nner as sta	led.	
8	one) 2 MEDICAL	EXAMINER: Or	the basis of a	camination and/or i	rwestigation	, in my o	pinion, de	ath occur	ed at the t	lime, data and place, ar	d dus to th	ne cause(s) s	and manner as stated.
7 JI	29h SIGNATURE AND TOTAL OF CERTIFIER							29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (A	Aonth, Day, Year)
	296. SIGNATURE AND TITLE OF C	D	D 17920						1000 41				
띪	MSo	ahos	I M			D 1/920 / // / / / / / / / / / / / / / / / /						-14	-1974
띪	30. NAME AND ADDRESS OF PER	RSON WHO CO											-1974
띪	30. NAME AND ADDRESS OF PER Dr. N. Sahe	eta, M	lemori.	al Hoş	oita.		Cumb				1502		-1994
띪	30. NAME AND ADDRESS OF PER	eta, M	lemori.		oita.		Cumk						-1994



# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH
	ELMER ODELL KIDWELL, SR. Nov. 5 1994
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	220-26-2534 1 Skm 2 F 63 YRS. MONTHS DAYS HOURS MIN. Feb. 20 1931 VA
Ĕ.	98. FACILITY NAME (If not Institution, give street and number)  19515 Frederick Rd. #13  96. CITY, TOWN OR LOCATION OF DEATH Germantown  96. COUNTY OF DEATH Montgomery
KI	RESIDENCE OF DECEDENT
)EE	MD. Montgomery Germantown 106. county Germantown
51	1 VES 2 NO
ERA	19515 Frederick Rd. #13  100. STREET AND NUMBER 20876  101. ZIP CODE U.S. A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- 11 yes, specify Cubsn, Maxican, Puerto Ricen, etc.) 1 YES 2 No Specify: Specify: Specify: White
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BUSINESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) iffe. Do NOT use retired.)
Ž	8 Groundskeeper Golf course  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Mairien Surgeonal)
BE CC	17. FATHER'S NAME (First, Middle, Last)  Ernest A. Kidwell  Dolly Costello
	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Burel British Multiples City of True State 7 to Code)
2	Edna E. Kidwell 19515 Frederick Rd. #13 Germantown, Md.
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION Warrand
	1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Boyds Presbyterian 11/8 Boyds, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Hilton Funeral Home / P.O.B. 86 Barnesville, Md. 20838
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest.   Approximate
	shock, or heert feilure. Liet only one ceuse on each line.  Interval Between Onset and Death
	disease or condition
	DUE TO (OR AS A CONSEQUENCE OF):
z	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate
8	cause. Enter UNDERLYING
Ē	CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):
E	resulting in deeth) LAST
2	
DICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO
8	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
ME	1 □ YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  LOSDITAL
S	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ΞI	27. MANNER OF OEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  2 Activant Investigation
BY	3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28L LOCATION (Street and Number or Rural Poune Number
ij	4 Homicide datarmined building, stc. (Specify)  City or Town, State)
ן ב	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
COMPLETED	one)  2  MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE C	29c. LICENSE, NUMBER 29c. LICENSE, NUMBER 29d. DATE SIGNED (Month) Day, Year)
P P	111111111111111111111111111111111111111
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILED (Month, Dwy, Year) 32. REGISTRAR'S SIGNATURE
	NOV 0 9 1994 Andrew Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with property after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

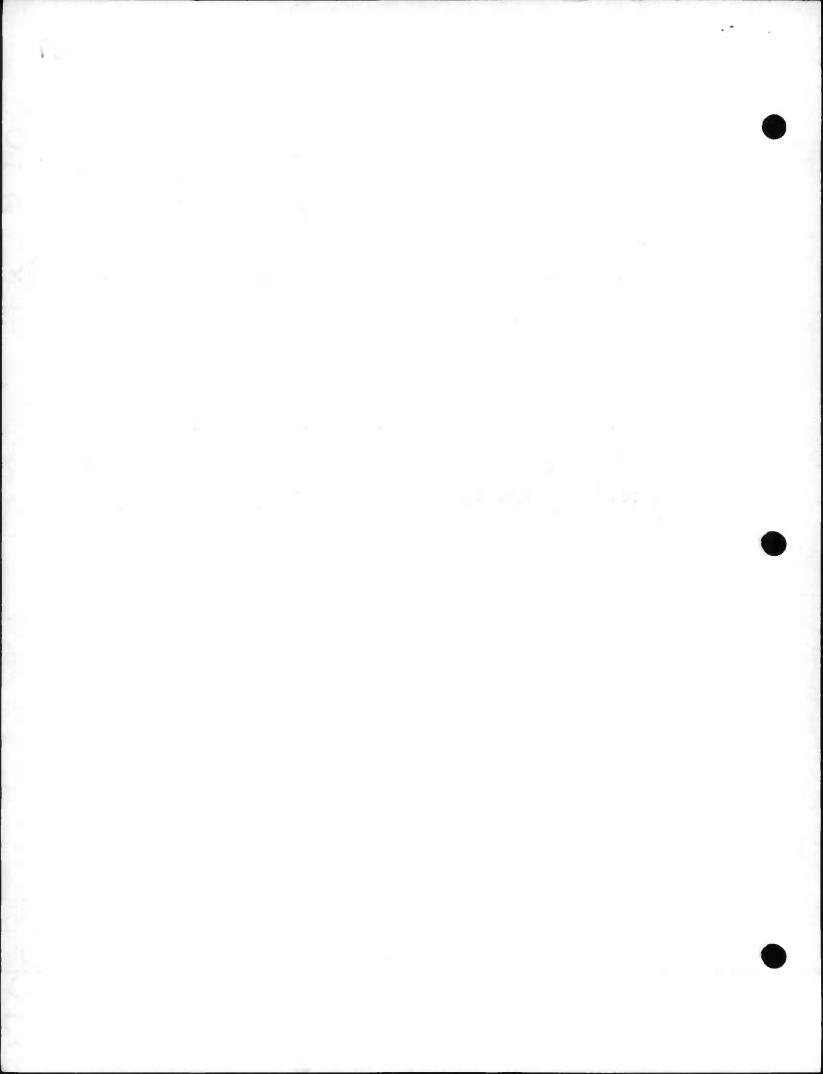
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rav 1/89

as		
use		
po		
detached	alth and Mental Hygiene prior to burial, cremation, or removal.	
8		
should		
3		
page		,
 )		
ğ		
din		
100		
nue		
96	100	
y	9	ľ
0	ē	**
=	6	
흞	e'	
letely f	ematio	
g	0	
8	P	
p	3	1
n a	2	
Sign	0	
S	2	•
듄	9	
gui	ğ	•
Pie.	I	
Ħ	nta	
the	Me	
à	and	•
Ded	th s	
	1.00	

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / I		IT OF HEALTH AND	MENTAL HYGIEN	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
- 8	Farl McKinley Ke	pler			11 1	1 94 6:07 PM
- 3	4. SOCIAL SECURITY NUMBER 5. SEX		MONTH	ER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
- 3	213-01-0003		7 YRS.		01 20 9	
<u>ر</u>	9a. FACILITY NAME (If not institution, give street and		9b. CI	TY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH
Ē	Reeders Memorial	Home		Boonsboro		Washington
DIRECTOR	10e. STATE 16b. COUNTY		10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY
	Md. Fre	derick		Middletow	n	1 TYPES 2 NO
3AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	110 E. Main St.				769	U.S.A.
	1 Never Married 2 Married FOI	S DECEDENT EVER IN U.S. ARM RCES? 1 🙀 YES 2 🗌 NO	DED 1:	3. WAS OECENDENT OF HISP If yes, specify Cuben, Mex	ANIC ORIGIN? (Specify Yes ican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc.
В		ES, GIVE WAR OR DATES  W. I		1 TES 2 XNO Spe	clfy:	Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DEC	EDENT'S USUAL	OCCUPATION e during most of working	16b. KIND OF BUS	
	Elementary/Secondary (0-12) Colleg		Do NOT use retired	ourng most or wonding		
MP	11		treasur			ure co.
8	17. FATHER'S NAME (First, Middle, Last) Ohrem Ahalt Keple:	r			NAME (First, Middle, Maiden . Vetta Guyto:	
B	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRE	SS (Street and Number or Run		
2	Rachel K. Tobin			lain St., Be		
	26s. METHOD OF DISPOSITION  1 X Burial 2 C Gremation 3 Removal from	20b. PLACE AP	D DATE OF OISP	OSITION (Name of		CATION — City or Town, State
	4 Donation 5 Other (Specify)	Luthe	ran Cen	etery	11/14 Mid	dletown, Md.
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE	10		onald B. The		u-1 Home
	Multo () M	0/420-		onaid B. III Sl E. Main S		
	23. PART i. Enter the diseases, or complications shock, or heart failure. List only	ations that caused the dea v due cause on each line.	th. Do not ent	er the mode of dying, so	sch as cardiac or respi	ratory arrest, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	D.	600			Onset and Death
	resulting in death) a	DUE TO (OR AM A CONSECU	along	anest	j	Innelie
,			0	)		1000
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOL		2		Joenny 715
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Cancer	of 1	Sludder	- Bur	severe yes
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEON Athrosc	JENCE OF):	1. 0. 1	diliens	Devend va
	d					
SAL	PART II. Other significant conditions contri	ibuting to death but not re-	suiting in the	underlying cause given	in Part i. 24a. WAS AN. PERFOR	MED? AMAILABLE PRIOR TO
ğ					1   YES 2	OF DEATH?
Σ						1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)	
SIC		PITAL: patient 2 ER/Outpatient 3	DOA 4/2 N			
Ť	27. MANNER OF DEATH 28		28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	NJURY OCCURED
BY	Netural 5 Pending 2 Accident Investigation		M	1 YES 2 NO		
G	3 Suicide 6 Could not be 4 Homicide determined	<ul> <li>PLACE OF INJURY — At hom building, etc. (Specify)</li> </ul>	e, farm, street, fa	ctory, office	28f. LOCATION (Street at City or Town, State)	and Number or Rural Route Number,
E	29e. CERTIFIER					
COMPLET	ana)	the best of my knowledge, deat basic of examination and/or in				mer as stated.  If due to the cause(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			20c I ICENSE N	IMPED	28d DATE SIGNED (Mark Co. Mark
) BE	musuls.	8, wellen		14	800	► 1/1/d,94
9	30. NAME AND ADDRESS OF PERSON WHO COMPL			NIOE		Vaguetum
		IZADEH, K		240 Trea	ench St.	Hagerelaun
	31. DATE FILED (Month, Day, Year) 32. NOV 1 4 1994	HEGISTRAN'S SIGNATURE	200			
1		//	100 TX (7 T/K)			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

						_				HEG. NO.					
1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE	2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF DEATH					
Juanita	Cupp	ett	LILLEY						Nov	ember	3, 1	994	4:45 A M		
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)			-	-	7. DATE	OF BIRTH		8, BIRTI	IPLACE (State or Foreign		
578-24-988	8	1 M 2 T F	76	YRS.	MONTHS	DAYS	HOURS	MIN.			18		yland		
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					-, .,			4		
Cuppett-Wee	eks Nu	rsing Ho	me			0ak	land				Gar	rett			
RESIDENCE OF DEC	EDENT										Jar				
	10b. COUNTY										10d, INSIDE CITY LIMITS?				
MD		Garret	t	Mt. Lake Park							1 XYES 2 NO				
				101. ZIP CODE 10g. CITI						IZEN OF WHAT COUNTRY?					
1307 Broad:		21550						US	A						
FOROTOR 4 17 MEA				ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year					or No-	14. RACI	E — Americen Indian,				
			IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican.  1 YES 2 NO Specify:						Specify:			
													White		
(Specify only	y highest grade		(G	ive kind of v	vork done o	CCUPATIO	ON ist of working	ng	16b.	KIND OF BUS	SINESS/INI	DUSTRY			
	)-12)	College (1-4 or 5	+)									USA  Or No-  14. RACE — American Indian, Black, White, etc. Specify: White  NESS/INDUSTRY  Schank  Stole, Zip Code)  Zirginia 26705  ATION — City or Town, Stata			
			Н	ouse	wite										
	radie, Last)														
		Cuppe					1						hank		
hard and a second															
				HC 8:	2, Bo	ox 2	9-C,	Aur	ora,	West	Virg	inia	26705		
1 X Buriel 2 - Cremetic	n 3 🗆 Rame	oval from Stata	comotony orn	motors or of	ther place!				1				·		
4 Donetion 5 Other	(Specify)		_ Oa	kland	l Cen	nete	ry		111,	/5 0a	klan	d, M	aryland		
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	D		22. 1	NAME AP	ND ADDRE	SS OF FA	CILITY						
1 Ras	No. H	Lolle	))	Stewart Funeral Home							MD	21550			
23. PART I. Enter the di	seeses, or c	omplications the	t ceused the de	ath. Do r	of enter	the mo	de of dv	log auc	DL.	, Uakı	and,	MD			
ahock, or heert fallure. Liet only Dne cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Q V C n D V A C M S A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):															
resulting in death)	<b>+</b>	b				Lu	~ 5	,	e n	retu	13 st	513	Oneet and Beeth		
	dons, dilete NG ry	DUE TO	(OR AS A CONSEC (OR AS A CONSEC	DUENCE OF	ī):	Lo	~ 3		(e n	reta	c 3 or .	513	Oneet and Beeth		
Sequentielly list condition in any leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust at initieted evente	ions, diete NG ry	DUE TO	(OR AS A CONSEC	DUENCE OF	r): r):					24s. WAS AN	AUTOPSY		Oneet end Death		
Sequentielly list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Discess or injust that initieted evente resulting in deeth) LAS	ions, diete NG ry	DUE TO	(OR AS A CONSEC	DUENCE OF	r): r):					24s. WAS AN PERFOR	AUTOPSY IMED?		Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
Sequentielly list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Discess or injust that initieted evente resulting in deeth) LAS	ions, diete NG ry	DUE TO	(OR AS A CONSEC	DUENCE OF	r): r):					24s. WAS AN	AUTOPSY IMED?		Oneet end Death  WERE AUTOPSV FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentielly list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Discess or injust that initieted evente resulting in deeth) LAS	ions, diete NG ry	DUE TO	(OR AS A CONSEC	DUENCE OF	r): r):					24s. WAS AN PERFOR	AUTOPSY IMED?		Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
resulting in death)  Sequentielly list condit! If any, leading to immediate. Enter UNDERLY! CAUSE (Dissess or injust that initieted evente resulting in deeth) LAS:  PART II. Other eignifica	ions, diete NG iny T int condition	DUE TO DUE TO OUE TO S. S. Contributing to	(OR AS A CONSEC	DUENCE OF	r): r):	derlylng	I cense i	given in		24s. WAS AN PERFOR	AUTOPSY IMED?		Oneet end Death  WERE AUTOPSV FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentielly list condition in any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initieted evente resulting in deeth) LAS	ions, diete NG iny T int condition	DUE TO DUE TO DUE TO  S. OUE TO DUE TO DUE TO DUE TO	(OR AS A CONSEC	DUENCE OF	n the un	derlylng	J ceuse (	given in	Pert I.	24s. WAS AN PERFOR	AUTOPSY IMED?		Oneet end Death  WERE AUTOPSV FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
resulting in death)  Sequentielly list condit! If any, leading to immediate. Enter UNDERLY! CAUSE (Discess or injuit that initieted evente resulting in deeth) LAS  PART II. Other eignifications.	ions, diete NG iny T int condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	other other	derlylng	J ceuse (	given in	Pert I.	24s. WAS AN PERFOR	AUTOPSY MED? (X) NO	24b	Oneet end Death  WERE AUTOPSV FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentielly list condition in any, leading to immediate the cause. Enter UNDERLY CAUSE (Disease or injust that initiated evente resulting in deeth) LAS PART II. Other eignifications are called the	ions, diete NG iry T int condition	DUE TO DUE TO DUE TO  S.  Contributing to  HOSPITAL:	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE	other other	28. PL R: sling Hom 28c. INJ	G ceuse (	given in	Pert I.	24s. WAS AN PERFOR	AUTOPSY MED? (X) NO	24b	Oneet end Death  WERE AUTOPSV FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentielly list condition in any, leading to immercause. Enter UNDERLY! CAUSE (Diseese or injust that initieted evente resulting in deeth) LAS' PART II. Other eignifications.  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF OEATH  1 Naturel 5  2  2  2  3  3  3  3  3  3  3  3  3  3	ons, diete NG ry T Condition	DUE TO DUE TO DUE TO  S. Contributing to  HOSPITAL: 1 □ Inpetiant 2  28a. DATE OF (Month, D	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DOAL DOAL TIME	OTHER 4 X Num	28. PLR: sling Home WO 1 1 1	ACE OF D  S Re URY AT RK? YES 2	given in	Pert I.	24s. WAS AN PERFOR 1 YES 2 9) (Specify) CRIBE HOW IF	AUTOPSY MED? 図 NO	24b	Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
resulting in death)  Sequentielly list condit! If any, leading to immediate cause. Enter UNDERLY! CAUSE (Dissess or injust that inliteted evente resulting in deeth) LAS*  PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 X NO  27. MANNER OF OEATH  1 X Natural 5	ions, diete NG iry T int condition	DUE TO DUE TO DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF DUENCE OF DUENCE OF DOAL DOAL TIME	OTHER 4 X Num	28. PLR: sling Home WO 1 1 1	ACE OF D  S Re URY AT RK? YES 2	given in	Pert I.  eck only one  6 Other  28d. DES	24s. WAS AN PERFOR	AUTOPSY MED? 図 NO	24b	Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Nother eignifica  28. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Nother eignifica	ons, diete NG on the condition of the co	DUE TO DU	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	OTHER 4 Nurs	28. PL R: sing Hom 28c. INJ 27. Office	ACE OF D  S T Re  URY AT  RK?  Z S 2	given in DEATH (Cha	Pert I.  eck only one  6 Other  28d. DES	24s. WAS AN PERFOR t YES 2 e) CRIBE HOW IP	AUTOPSY MED?	24b	Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
resulting in death)  Sequentielly list condit! if any, leading to immediate cause. Enter UNDERLY! CAUSE (Dissess or injust that initieted evente resulting in deeth) LAS'  PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 X NO  27. MANNER OF CEATH  1 X Natural 5	ons, diete NG on the condition of the co	DUE TO DU	(OR AS A CONSECTION OF INJURY — At hose of the consection of the c	DUENCE OF DUENCE	OTHER 4 Nurse OF URY M	28. PL 8: sing Hom 28c. INJ ory, office	J Ceuse (  ACE OF D  e 5 Re  URY AT  RK?  YES 2 a  and placa	given in	Pert I.  eck only one  6 Other  28d. DES  28f. LOCA City of	24s. WAS AN PERFOR t YES 2  (Specify) CRIBE HOW IR  ATION (Street e or Town, State)	AUTOPSY MED?  NO NJURY OC	24b	Oneet end Death  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
resulting in death)  Sequentielly list condit! if any, leading to immediate cause. Enter UNDERLY! CAUSE (Dissess or injust that initieted evente resulting in deeth) LAS'  PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 X NO  27. MANNER OF CEATH  1 X Natural 5	ons, diete NG on the condition of the co	DUE TO DU	(OR AS A CONSECTION OF INJURY — At hose of the consection of the c	DUENCE OF DUENCE	OTHER 4 Nurse OF URY M	28. PL 8: sing Hom 28c. INJ ory, office	J Ceuse (  ACE OF D  e 5 Re  URY AT  RK?  YES 2 a  and placa	given in	Pert I.  eck only one  6 Other  28d. DES  28f. LOCA City of	24s. WAS AN PERFOR t YES 2  (Specify) CRIBE HOW IR  ATION (Street e or Town, State)	AUTOPSY MED?  NO NJURY OC	24b	Oneet end Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
resulting in death)  Sequentielly list condit! if any, leading to immediate cause. Enter UNDERLY! CAUSE (Dissess or injust that initieted evente resulting in deeth) LAS'  PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 X NO  27. MANNER OF CEATH  1 X Natural 5	D MEDICAL  Pending investigation  Could not be detarmined  IFYING PHYSIC  CAL EXAMINE	DUE TO DUE TO DUE TO  S CONTributing to  S CONTributing to  S CONTributing to  DUE TO  DUE TO  CONTRIBUTION  DUE TO  D	(OR AS A CONSECTION OF INJURY — At hose of the consection of the c	DUENCE OF DUENCE	OTHER 4 Nurse OF URY M	28. PL 8: sing Hom 28c. INJ ory, office	ACE OF D  • 5 Re  URY AT  RK?  FS 2 a  and place  eath occur	given in	Pert I.  eck only one  6 Other  28d. DES  28f. LOCA City of  to the cau time, date	24s. WAS AN PERFOR t YES 2  (Specify) CRIBE HOW IR  ATION (Street e or Town, State)	AUTOPSY MED?  NJURY OC  and Number se stated due to ti	24b CCURED  or or Rural I	Oneet end Death  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
PART II. Other elgnifica  25. WAS CASE REFERRED TO YEAR ACKNOWN TO YEAR ACKNOW	D MEDICAL  Pending investigation  Could not be detarmined  IFYING PHYSIC  CAL EXAMINE	DUE TO DUE TO DUE TO  S CONTributing to  S CONTributing to  S CONTributing to  DUE TO  DUE TO  CONTRIBUTION  DUE TO  D	(OR AS A CONSECTION OF INJURY — At hose of the consection of the c	DUENCE OF DUENCE	OTHER 4 Nurse OF URY M	28. PL 8: sing Hom 28c. INJ ory, office	ACE OF D  • 5 Re  URY AT  RK?  FS 2 a  and place  eath occur	given in DEATH (Chesidence NO No No No No No No No No No No No No No	Pert I.  eck only one  6 Other  28d. DES  28f. LOCK City of  to the cau time, date	24s. WAS AN PERFOR t YES 2  (Specify) CRIBE HOW IR  ATION (Street e or Town, State)	AUTOPSY MED?  NJURY OC  and Number se stated due to ti	24b  CURED  or or Rural I  ted.  the cause(s	Oneet end Death  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  (Month, Day, Year)		
PART II. Other elgnifica  25. WAS CASE REFERRED TO YEAR ACKNOWN TO YEAR ACKNOW	ons, diete NG iny T int condition:  D MEDICAL Pending investigation Could not be datarmined in the condition of the condition	DUE TO DU	(OR AS A CONSECTION OF INJURY — At hor etc. (Specify)  The symmetric invariants of the symmetric invariant of the symmetric invariants of the symmetric invariant of the s	DUENCE OF DUENCE	OTHER 4 X Nurs E OF URY M street, factor in, in my of	28. PL 8: sing Hom 28c. INJ ory, office	ACE OF D  • 5 Re  URY AT  RK?  FS 2 a  and place  eath occur	given in DEATH (Choosidence) NO	Pert I.  eck only one  6 Other  28d. DES  28f. LOCK City of  to the cau time, date	24s. WAS AN PERFOR t YES 2  (Specify) CRIBE HOW IR  ATION (Street e or Town, State)	AUTOPSY MED?  NJURY OC  and Number se stated due to ti	24b  CURED  or or Rural I  ted.  the cause(s	Oneet end Death  WERE AUTOPSY FINDINGS  AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,		
Sequentielly list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated evente resulting in deeth) LAS PART II. Other eignifications and the sequence of the sequence	ons, diete NG IV IV IV IV IV IV IV IV IV IV IV IV IV	DUE TO DU	(OR AS A CONSECTION OF INJURY — At horetc. (Specify)  The section of the section	DUENCE OF DUENCE	OTHER 4 Nurse OTHER 4 Nurse OTHER 4 Nurse OTHER	28. PL 8: sing Hom 28c. INJ pory, office me, date pinion, de	and place eath occur	given in  DEATH (Chesidence  NO  No  And due red at the ENSE NUM  H 26	Pert I.  eck only one  6 Other  28d. DES  28f. LOCK City of  to the cau time, date	24a. WAS AN PERFOR t PERFOR t YES 2  (Specify)  CRIBE HOW IN ATION (Street e or Town, State)  se(e) end men and pleca, and	AUTOPSY MED?  (X) NO  NJURY OC  and Number  and et at at at at at at at at at at at at at	24b r or Rural if	Oneet end Death  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  (Month, Day, Year)  1/3/1994		
Sequentielly list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injust that initiated evente resulting in deeth) LAS PART II. Other eignifications and the sequence of the sequence	ons, diete NG IV IV IV IV IV IV IV IV IV IV IV IV IV	DUE TO  DUE TO	(OR AS A CONSECTION OF INJURY — At horetc. (Specify)  The provided of the consecution of	DUENCE OF DUENCE	OTHER 4 Nurse OTHER 4 Nurse OTHER 4 Nurse OTHER	28. PL 8: sing Hom 28c. INJ pory, office me, date pinion, de	and place eath occur	given in  DEATH (Chesidence  NO  No  And due red at the ENSE NUM  H 26	Pert I.  eck only one  6 Other  28d. DES  28f. LOCK City of  to the cau time, date	24a. WAS AN PERFOR t PERFOR t YES 2  (Specify)  CRIBE HOW IN ATION (Street e or Town, State)  se(e) end men and pleca, and	AUTOPSY MED?  (X) NO  NJURY OC  and Number  and et at at at at at at at at at at at at at	24b  CURED  or or Rural I  ted.  the cause(s	Oneet end Death  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  (Month, Day, Year)  1/3/1994		
Sequentielly list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injuthat initieted evente resulting in deeth) LAS'  PART II. Other eignifica  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5	ons, diete NG IV IV IV IV IV IV IV IV IV IV IV IV IV	DUE TO  DUE TO	(OR AS A CONSECTION OF INJURY — At horetc. (Specify)  The section of the section	DUENCE OF DUENCE	OTHER 4 Nurse OTHER 4 Nurse OTHER 4 Nurse OTHER	28. PL 8: sing Hom 28c. INJ pory, office me, date pinion, de	and place eath occur	given in  DEATH (Chesidence  NO  No  And due red at the ENSE NUM  H 26	Pert I.  eck only one  6 Other  28d. DES  28f. LOCK City of  to the cau time, date	24a. WAS AN PERFOR t PERFOR t YES 2  (Specify)  CRIBE HOW IN ATION (Street e or Town, State)  se(e) end men and pleca, and	AUTOPSY MED?  (X) NO  NJURY OC  and Number  and et at at at at at at at at at at at at at	24b r or Rural if	Oneet end Death  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  (Month, Day, Year)  1/3/1994		
	578-24-988  9a. FACILITY NAME (If not in Cuppett-We RESIDENCE OF DEC 10e. STATE  MD  10a. STREET AND NUMBER  1 307 Broad  11. MARITAL STATUS  1 Never Merried 2 2 3 Dividence of Dividence of Dividence of Dividence of Specify only  Elementary/Secondary (C 8  17. FATHER'S NAME (First, M Jacob  19a. INFORMANT'S NAME (7 Alma Knotts  20a. METHOD OF DISPOSIT 1 1 Buriet 2 Cremetic of Dividence of Other  21. SIGNATURE OF FUNERA  23. PART I. Enter the diahock, or he	4. SOCIAL SECURITY NUMBER  578-24-9888  98. FACILITY NAME (If not institution, give si CUPPETT—Weeks Nu RESIDENCE OF DECEDENT  109. STATE  109. STATE  109. STREET AND NUMBER  1307 Broadford Ri  11. MARITAL STATUS  1 Never Merried  2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  8  17. FATHER'S NAME (First, Middle, Last) Jacob  19a. INFORMANT'S NAME (Type/Print)  Alma Knotts  209. METHOD OF DISPOSITION  1 Name Survice Lice  12. SIGNATURE OF FUNERAL SERVICE LICE  23. PART 1. Enter the diseases, or cahock, or heert failure.	4. SOCIAL SECURITY NUMBER  5. SEX  578-24-9888  9a. FACILITY NAME (If not institution, give street and number)  Cuppett-Weeks Nursing Hotels (In the control of the control	4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  5. SEX  5. SEX  6. AGE (In yrs. last processed)  9a. FACILITY NAME (If not institution, give street and number)  Cuppett—Weeks Nursing Home  RESIDENCE OF DECEDENT  10b. COUNTY  MD  Garrett  10c. STREET AND NUMBER  1307 Broadford Road  11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  H  17. FATHER'S NAME (First, Middle, Last)  Jacob  Cuppett  19a. INFORMANT'S NAME (Type/Print)  Alma Knotts  20b. PLACE/Cemetery, Cre Oa  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. PART I. Enter the diseases, or complications that caused the december of the county	4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2  F  76  YRS.  9a. FACILITY NAME (If not institution, give street and number)  Cuppett—Weeks Nursing Home  RESIDENCE OF DECEDENT  10b. STATE  10b. COUNTY  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  College (1-4 or 5+)  MD  Garrett  10c. CIT  MD  Garrett  10c. CIT  MD  College (1-4 or 5+)  MO  HOUSE  11. FATHER'S NAME (First, Middle, Last)  Jacob  11. FATHER'S NAME (First, Middle, Last)  Jacob  Cuppett  10c. CIT  FORCES?  1  YES 2  NO  If YES, GIVE WAR OR DATES  (Give kind of ville. Do NOT us  If Mouse in the College (1-4 or 5+)  MOUSE  10c. DECEDENT'S  Garrett  10c. CIT  FORCES?  1  YES 2  NO  If YES, GIVE WAR OR DATES  (Give kind of ville. Do NOT us  If Mouse in the College (1-4 or 5+)  MOUSE  10c. DECEDENT'S  Garrett  10c. CIT  FORCES?  1  YES 2  NO  If YES 2  NO  If YES 2  NO  If YES 2  NO  If YES 3  NO  If YES 3  NO  If YES 4  NO  If YES 5  NO  If YES 6  NO	4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  5. SEX  5. SEX  5. AGE (In yrs. last birthday)  9a. FACILITY NAME (If not institution, give street and number)  Cuppett—Weeks Nursing Home  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MD  Garrett  10c. CITY, TOWN OF GARRED  1307 Broadford Road  11. MARITAL STATUS  1 Never Merried  1 Never Merried  1 Never Merried  1 Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  1 Specific Kind of Work done (Iffice kind of work done (If	4. SOCIAL SECURITY NUMBER  5. SEX  7. AGE (In yrs. last birthday)  9a. FACILITY NAME (If not institution, give street and number)  Cuppett—Weeks Nursing Home  RESIDENCE OF DECEDENT  10b. COUNTY  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  Garrett  10c. CITY, TOWN OR LOCAL  MD  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES? 1   YES 2   XNO  If YES, GIVE WAR OR DATES  11. YES, SPECIAL OR COUPATIN  (Give kind of work done during modifie. Do NOT use retired.)  MD  11. FATHER'S NAME (First, Middle, Last)  Jacob  Cuppett  19a. INFORMANT'S NAME (Type/Print)  Alma Knotts  19b. MAILING ADDRESS (Street or HC 82 , Box 2  20b. PLACE AND DATE OF DISPOSITION (Name to the place)  Oakland Cemete  22. NAME AN Stew  32 SPART I. Enter the diseases, or complications that caused the death. Do not enter the model.	4. SOCIAL SECURITY NUMBER  5. SEX  1	4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  5. AGE (In yrs. last birthday)  F. UNDER 1 YEAR  F. UNDER 1 YEAR  F. UNDER 14 HISS.  F. SEX  5. SEX  5. AGE (In yrs. last birthday)  F. UNDER 1 YEAR  F. UNDER 14 HISS.  F. WAS MONTHS  DAVS  MONTHS  DAVE  DAV	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 S F  76 YRS.  9a. FACILITY NAME (If not institution, give street and number)  Cuppett—Weeks Nursing Home  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  Garrett  10c. CITY, TOWN OR LOCATION  Mt . Lake P.  10c. STATE  10b. COUNTY  MD  Garrett  10c. CITY, TOWN OR LOCATION  Mt . Lake P.  10c. CITY, TOWN OR LOCATION  Mt . Lake P.  10d. STREET AND NUMBER  130. 7 Broadford Road  11. MARITAL STATUS  1 Newer Merried  2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  8  17. DATE  18b. CITY, TOWN OR LOCATION  Mt . Lake P.  10c. CITY, TOWN OR LOCATION  Mt . Lake P.  10d. STREET AND NUMBER  1 STREET AND	4. SOCIAL SECURITY NUMBER  5. SEX  5. SEX  5. SEX  5. SEX  6. AGE (In yrs. last birthday)  76 YRS.  6. AGE (In yrs. last birthday)  76 YRS.  6. AGE (In yrs. last birthday)  76 YRS.  6. AGE (In yrs. last birthday)  76 YRS.  6. AGE (In yrs. last birthday)  77 ARTHER'S NAME (If not institution, give street and number)  78 DATE   DAT	4. SCCAL SECURITY NUMBER  5. SEX  1	4. SCCAL SECURITY NUMBER  5. SEX  1		

- thy has

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

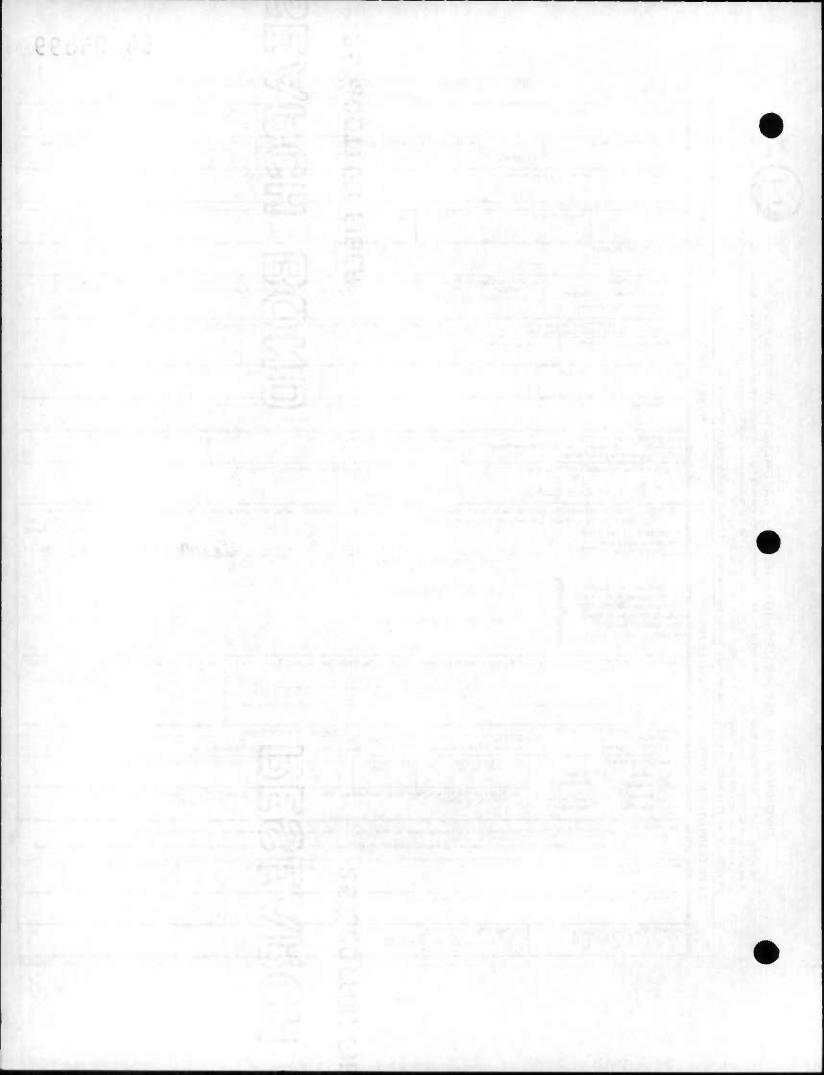
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminer must be notified at once. 1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO PER CITY				
te or Foreign				
DE CITY				
E CITY				
E CITY				
E CITY				
E CITY				
E CITY				
10d, INSIDE CITY LIMITS?				
2 NO				
TRY?				
INT				
en Indien,				
n				
ware				
rval Betweet and De				
PRIOR TO				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS 2  NO				
PRIOR TO ON OF CAUS				
PRIOR TO ON OF CAUS ? 2 \( \sum \text{NO} \)				
PRIOR TO ON OF CAUS? ? 2 NO				
PRIOR TO DN OF CAUS  2  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO				
PRIOR TO DON OF CAUS, 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N				
PRIOR TO DN OF CAUS  2  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO				
PRIOR TO DN OF CAUSI  2  NO NO NO NO NO NO NO NO NO NO NO NO NO N				
DN OF CAUSI)  2  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO				

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

o .
$\approx$
3760
-
9
687
$\sim$
$\circ$
ВОХ
ш
0
٠.
Δ.
_
- 5
S
$\cap$
_
$\mathbf{\alpha}$
0
$\sim$
RECORDS
111
-
Œ
-
⋖
_
=
-
OF
$\overline{}$
$\circ$
_
_
0
VISION
10
97
5
0
_

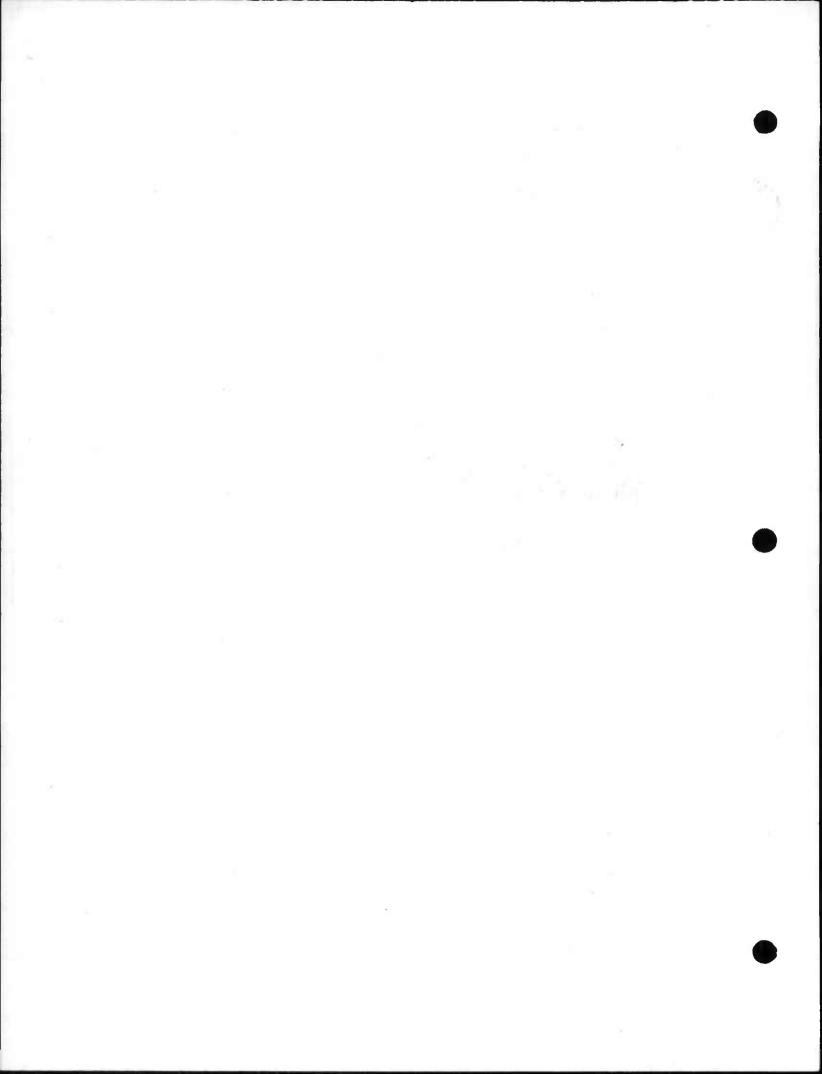
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

1 - STATE REGISTRAR		DINIE OF F	MANIE	CE	RTIF						MEMIN	REG.					
1. DECEDENT'S NAME (First, Middle,	Last)					-					2. DATE	OF DEAT	H DAY			3. TIME OF OE	ATH
JOHN KENNETH	LAFF	ERTY S	SR.								11	·n	04		94	07:25	Ам
4. SOCIAL SECURITY NUMBER		SEX	6. AGE	'in yrs. lasi	t birthday)		NDER 1 YE		F UNDER	24 HRS.	7. DATE	OF BIRTH	cl		8. BIRTI	HPLACE (Stata or	Foreign
705 10 4964	12	M 2   F	_81		YRS.	MONT	HS DA	Will b	IOURS	MIN.	JANU	ARY	22	191	β W.	ΫA.	
9e. FACILITY NAME (If not institution,	give street	and number)				96,	CITY, TOV	WN OR	LOCATIO	ON OF DE	ATH			9c. COL	NTY OF C	DEATH	
SACRED HEART		PITAL					CUM	BEF	RLAN	D			- 1	ALI	LEGAI	VΥ	
RESIDENCE OF DECEDER	OUNTY		_		10c. CIT	Y TOV	VN OR LO	OCATIO	M							tod, INSIDE CI	rv -
DENIMA DE	DFOR	D				DFC		Janio								LIMITS?	
PENNA. BE	DFUR	<u> </u>			DE.	DFC	IKL	107 2	IP CODE					10a CIT	IZEN OF	1 TYES 2	1
RFD#3_BOX#424	TAVE	CODDO	T DO	۸D					5522						U.S.		
11. MARITAL STATUS		. WAS OECEDEN	T EVER I	V U.S.,ARI	MED	$\neg$	13. WAS				HC OBIGI	N? (Specify	. Van			E — American In	dien
1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 IF YES, GIVE V	☐ YES	2 N	10		If yes	a, speci	ty Cubar		n, Puarto	Rican, etc.		JI 110-	Blac Spec	k, Whita, atc.	
15. DECEDENT	P EDUCATI	041				- 1										MUTIF	
(Specify only highest	grade com	ipleted)		(Gi	CEDENT'S ve kind of a Do NOT us	work di	one during		of working	g	161	. KIND OF	BUSI	NESS/IN	DUSTRY		
Elementary/Secondary (0-12)	, c	ollege (1-4 or 5	'		ERN			ND	DATI	ι ROΔ	ח	RÀΤ	TRO	/ תער	FIRE	MAN	
17. FATHER'S NAME (First, Middle, La	st)			VEST.	EKN .	PLAT	(ILA					Middle, Ma			1 1,1(1)	11111	_
HOWARD LAFFE	ייע									IE B			ruerr o	umamaj			
19a. INFORMANT'S NAME (Type/Print				19b	. MAILING	ADDE	RESS (Str	_		_		ber, City or	Town	State 2	n Codel		-
MAREL LAFFERTY				- 1												PA. 155	22
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3			206		NDDATE					0010	DAT	7	_		City or To		
1 Burlal 2 Cremation 3 4 Donation 5 Other (Specify		from Stata	CII	MRFR	natory or o	cher pla	ece) REMA	TOR	Y No	0V4	1994	- 1				ARYLAND	
21. SIGNATURE OF FUNERAL SERVI	CE LICENS	EE ,	1	TIVITIE	111112	$\Box$	22. NAM	E AND	ADDRES	S OF FAC	CILITY			14			
Dale a	r.	PIRELA										ERAL CUM			D MA	RYLAND	
23. PART I. Enter the diseases	, or com	plicetions the	t ceused	the dec	eth. Do r	not er	nter the	mode	of dyl	ng, suci	n es cer	dlec or re	eepin	atory er	reet,	Approxi	nata
shock, or heert fail	a	Meta	15 to	AKC	UENCE O	u	45	(0	rc	NO	ma	·					Between nd Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	c	DUE TO	(OR AS A	CONSEQ	UENCE O	F):											
PART II. Other eignificant con  (hvon) - Over  Bronchits  DID TOBACCO USE CO	was	litue f	4/0	upna	avy	DI	300	50	7	ERTAIN		24a. WAS PER 1 TYE	FORM	ED?	240	WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH?	R TO CAUSE
25. WAS CASE REFERRED TO MEDIC	AL				E OF DEA				3.10								
1 YES 2 NO	141	OSPITAL:	ER/Outp	etlent 3	□ DOA		HER: Nursing I	Home	5 🗆 Res	eldence	6 🗆 Oth	r (Specify)					
27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM	E OF	_	. INJUR	Y AT	1	_	SCRIBE HO	W IN	JURY OC	CURED		-
1 Natural 5 Pending 2 Accident Investige		(Month, D	ay, reer)		160	JURY	1 1	WORK	2	NO							
3 Suicide 8 Could n 4 Homicide datermin	ot be	26s. PLACE O building,	F INJURY atc. (Spec	— At hor	ne, farm, s	street,	factory, o	offica			28t, LOC City	CATION (Str or Town, S	eet an tate)	d Numbe	r or Rural i	Route Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EX.	AMINER: O	t: To the best of n the basis of a						on, deat	h occure	ed at the	time, date		, and	due to ti	he cause(s		
30. NAME AND ADDRESS OF PERSO	E	ELLEY MPLETED CAN	ME OF OF	h	M	1	_	2	VC. LICE	1DS	5/	35	1	29d, DAT	4/4	(Month, Day, Year	)
JAOMAS 31. DATE FILED (MONTA, Day, Your)	6	Jan C	hung	411	MI	5	9	17	5	o fe	34 6	2	[4	(m	ber	land	13
NOV 0 7 1994	1	Akude	or Ra	rlall													



he hospital or attending physician. detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
#	e de		10
D.	P		P P
taine	shou		Ě
e re	5		2
ay b	page		be
E G	tor,		ust
96	lirec		E
5	D TE		ile.
leath	fune		жаш
ifter (	the /	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	<u>181</u>
SIL	d ui	ren	edi
100	Pel	0,	E
	ily fil	atio	ŧ
with	plete	crem	rent,
uted	COM	rial,	2
эхес	and	200	nati
e	Sian	0 10	aun.
cate	hysi	e pri	1
ertifi	ng n	gien	to to
th c	endi	Ŧ	6
dea	ne att	Aenta	la,
t the	by th	nd h	三
tha	pa	E H	апу
uires	Sign	Hea	WS
regi	een	o	sho
MP.	as b	Dept.	23
The	ate h	tate	lem ma
SIAN	rtific	he S	-
NSI(	S Ce	in the	Bď.
9	ar ch	W U	ark
Ö	Affe	dea	ES
TEN	10 R	after	28
RAT	REC	Urs S	E
(T 0)	0	104 3	l ite
PITA	ERA	77 [	= = =
HOS	FUN	with	Z
Ή	포	led	OFF
10	10	be fi	MP
		_	_

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		OINIE OF 1	IIAIII G	CE	RTIF		TE OF			WENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First,	,								-	2. DATE OF	DEATH	.v	YEAR	3. TIME OF OEATH
Charl	es	Michael	L	yons						Nove	mber	11	1994	12:00 Nool
4. SOCIAL SECURITY NUME	DER	5. SEX	8. AGE (I	In yrs. last		IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, I			8. BIRTH	IPLACE (State or Foreign
068-30-0115		1.2 M 2 🗆 F		62	2 YRS.	WOIT!	UNIS	nouns	more.		23/31			ew York
90. FACILITY NAME (If not in		street and number)				9b. C	ITY, TOWN		ON OF OE	ATH		120	JNTY OF D	
3204 Riva							R	liva				An	ine A	rundel
10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOW	N OR LOCAT	TION						10d. INSIDE CITY
MD	Anne	Arundel					R	iva						LIMITS?
10e. STREET AND NUMBER		7 (1 d) (d) (						. ZIP COOL	E			10g. CIT	FIZEN OF V	WHAT COUNTRY?
3204 Riva	Road							2.	1140			Un	ited	States
11. MARITAL STATUS	,	12. WAS DECEDEN				T		ENDENT O	F HISPAN	IIC ORIGIN?		-	14. RACE	E — American Indian.
1 Never Married 2 7 3 Widowed 4 Divo		FORCES?	WAR OR DA	TES	,			ecity Cube 2 X NO		n, Puarto Ric	en, etc.)		Speci	k, White, etc.
		<u>  1950 -</u>	195											white
(Specify only	Property by highest grade			(Give		vork do	L OCCUPATE		g	16b. K	NO OF BUS	SINESS/IN	OUSTRY	
Elementary/Secondary (0	⊢12)	College (1-4 or 5	r)		stru					D <sub>C</sub>	ad C	onoti	runtia	20
17, FATHER'S NAME (First, M	iddle [ nsl)			COII	Struc	JUIC	711	10 10075	JED'C MAI	ME (First, Mid			uctio	ווע
Thomas Ly										Garve		Sumame)		
19a. INFORMANT'S NAME (7		· · · · · · · · · · · · · · · · · · ·		19b.	MAILING	ADDR	ESS (Street a	_		Route Number,		e Ctata 7	in Code)	
Margaret M	Lyon	S								arylan	-	140	p 0000)	
20a. METHOD OF DISPOSITI			20b.				POSITION / NE		4, 1011	OATE			- Cify or To	own. State
t Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem (Specify)	oval from State		ort			ce) Cre	mato	rv11/	1				Maryland
21. SIGNATURE OF EUNERA	L SERVICE A	DENSEE					22. NAME AI	NO ADDRES	SS OF FA	CILITY JO	n M.	Tay	/lor f	uneral Hor
* 1 There	La	4.0					147	Duke	of G	Houce	ster S	St. A	Annap	oolis, MD
23. PART i. Enter the di	seeses or	complications the	t caused	the day	th Do n	01.00								
enock, or he	eert tellure.	Liet only one cau	ee on aa	ch line.	i.i. DQ 11	01 011	tar the mo	ua or uyi	ng, suci	i as cardie	; or reapi	ratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Fin disease or condition	al	CV	A											Onset and Deat
resulting in death)	7	a. DUF TO	(OR AS A	CONSEQU	JENCE OF	7.								
	_	b. athe	1050	der	410		arts	NY	D,	scas	c			j
Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A	CONSEOL	JENCE OF	7):		_/_						
cause. Entar UNDERLYI	NG	c												
CAUSE (Diseese or inju that initiated events	·	DUE TO	(OR AS A	CONSEOU	JENCE OF	7):								
resulting in death) LAS		d												
PART II. Other eignifica	nt condition	na contributing to	deeth bu	ut not rai	aultino i	n the	underlying	T CRUBE C	ilvan in	Part I 2	a. WAS AN	ALITTOREV	245	WERE AUTOPSY FINDINGS
PVD	CAT			H	TA	)		9 00000 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MEO?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
hyperch		erolem				-				_   ¹	YES 2	<b>40</b>		OF OEATH?
DID TOBACCO U				E DE AT	L VE	x 2	NO [	LINC	ERTAIN					1 YES 2 NO
25. WAS CASE REFERRED TO		KIDOIL TO CA					ick anly one)	DINC	EKIAII	1 1				
EXAMINER?		HOSPITAL:				отн	ER:	- s (*Mo-	aldanaa	8 Other (S	· · · · · · · · · · · · · · · · · · ·			
27. MANNER OF DEATH		28a. DATE OF	INJURY	_	26b. TIM	E OF	28c. INJ	URY AT	alderice	28d. DESCR		NJURY OC	CUREO	
	Pending investigation	(Month, D	ay, 19ar)		INJ	URY		RK? res 2	] NO					
2 Sulaida -	Could not be	28s. PLACE O	F INJURY	— At hom	e, ferm, a	treet, 1	actory, offic	•		28f. LOCATI	ON (Street a	nd Numbe	or Rural F	Route Number,
	determined	conding,	ara. Jopoch	'97						City or	own, State)			
29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowle	edge, deat	th occurre	d at th	e time, date	and place.	and due	to the cause	a) and man	ner se ata	rted.	
														) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	A /a	1	X	7	-		29c. LICE	NSE NUM	BER		29d. DAT	TE SIGNED	(Month, Day, Year)
1/1/	1	u/	V	1	1/	70		D		816				nber 11, 19
30. NAME AND ADDRESS OF					17) (Type,	Print)						_		
Charles W.	Phelps	180 Adm	iral	Cocl	hrane	e D	r. An	napo	lis, ſ	MD 21	401	410-	-573-	1047
31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNA	TURE										
NO	V 14	1994	lia de	tuden	rten	Lell								

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last Mar	y <sub>H</sub> Lawso	on			2. DATE OF DEATH	94 1	3. TIME OF DEATH 12:15 a.m.			
3	4. SOCIAL SECURITY NUMBER 221-22-0701	5. SEX 6. AGE	(In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 1 / 0 9 / 0		BIRTHPLACE (State or Foreign Country) aryland			
7,	9a. FACILITY NAME (If not inatitution, give	street and number)		96, CITY, TOWN	OR LOCATION OF D	OF DEATH					
DIRECTOR	William Hill	Manor			Easton Talbot						
EC	10e. STATE 10b. COUN	TY	10c, CITY	TOWN OR LOCA	TION			10d. INSIDE CITY			
		albot			Eas	LIMITS?					
FUNERAL	100. STREET AND NUMBER 501 Dutchman'	s Lane		10	ZIP CODE	601		Inited States			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	ti yes, sp		NIC ORIGIN? (Specify ) an, Puerto Rican, atc.) ly:	fea or No— 14.	No- 14. RACE — American Indian, Black, White, atc. Specify: White SS/INDUSTRY			
ED	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF E	USINESS/INDUST	TRY			
COMPLET	(Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo retired.)  L Teacl		Educa	tion				
2	17. FATHER'S NAME (First, Middle, Last)										
BE CC		Albert S.	Handy			AME (First, Middle, Meide 11ian No					
5	19a. INFORMANT'S NAME (Type/Print) Patricia L.	Loux				Route Number, City or To		0hio44140			
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re	movel from State CO	b. PLACEAND DATEO metary, crematory or of	her plece)			LOCATION — City				
	4 Donation 5 Other (Specify)	10511055	Bethel (		ND ADDRESS OF F	10-21 F∈	ederals	sburg, MD			
	Machael	7. Eskow	wkins-Es		neral Home MD 21632						
VIION	disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	b	A CONSEQUENCE OF	Dan	a cytor	sever	+	Grak			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL (	PART II. Other algnificent condition	one contributing to deeth	but not resulting l	n the underlyin	g ceuse given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)					
읋	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	netlent 3 DOA	OTHER:	S C Booldson	A [] Ott (C#)					
PHYSICIAN	27. MANNER OF DEATH TO Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OF 28c. IN.	Nursing Home 5 Residence 8 Other (Specify)  28c. INJURY AT VORK?  4 1 YES 2 NO						
TED BY	2/ Accident Investigation 3 Suicide 8 Could not b. 4 Homicide detarmined	28e PLACE OF INJUR		281. LOCATION (Stree City or Town, Sta	et and Number or I te)	Burel Route Number,					
COMPLET		SICIAN: To the best of my know						nuee(a) and manner as stated.			
O BE C	206. SIGNATURE AND TITKE OF CERTIFI	Erstu	A	1	29c. LICENSE NU	2824	29d. DATE SI	S 1 G Gt 1			
Ŧ	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type,	Print)	P 508	BN IM	WIL I	D 2/60V			
	31. DATE FILED (Month, Day, Year) OCT 20 *94	32. REGISTRAR'S SIGN				7					

# MON HE

Amended # 1, 11/14/94, N.L.S., Allegary Co.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR			MARYLAN	CERTIF	ICATI	E OF	DEAT	ГН		REG. NO				
1. DECEDENT'S NAME (First, A	Middle, Last)	ouis								OF DEATH			3. TIME OF DEATH	
GEORGE	LEW		LABER						MONTE 11	80		94	8:00 P M	
4. SOCIAL SECURITY NUMBER	R	5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign	
217-10-626		1 X M 2 - F	93	YRS.					NOV	. 23,	1900	MAF	RYLAND	
9a. FACILITY NAME (If not insti	litution, give st	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	EATH	- /1	9c. COU	NTY OF E	DEATH	
SACRED HI	EART	HOSPITA	<u> </u>	CUMBERLAND								EGAN	Y	
10a. STATE 1	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION			•			10d. INSIDE CITY LIMITS?	
MARYLAND  10e. STREET AND NUMBER	ALLECA	NY		α	MBERI								1 YES 2 NO	
14611 LABERS L	ANE SW					101.	21502				10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2 M		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED						1? (Specify Yas	or No-	14. RAC	E — American Indian, k, Whita, atc.	
1 Never Married 2 MM 3 Widowed 4 Divorce		WAR OR DATES				2X NO			Micari, Gro.,			Hy: MAINE		
	DENT'S EDUC		16	a. DECEDENT'S					16b	KIND OF BU	SINESS/IND	USTRY	-	
(Specify only h Elementary/Secondary (0-12		College (1-4 or 5		(Give kind of life, Do NOT u	se retired.)			g						
6			1	NSTRUME	T MI	CHANI				FIBER/1		E		
17. FATHER'S NAME (First, Midd CHARLES LABER	die, Last)							ER'S NA		Middle, Maiden	Sumame)			
19a. INFORMANT'S NAME (Type LOLA KATHLEEN								_		ber, City or Tow			-03	
20a, METHOD OF DISPOSITION			1 anh 81	14611 1				Cu	-	AND, MAI				
1 XBurial 2 Cremation 4 Donation 5 Other (S	3 🗆 Ramo Specify)			ACEAND DATE					11/1		BURG,			
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	0.				D ADDRES			TIC WO	VITADO			
▶ Wowex	Las	P 17	-11-				MA PHI	2 2 2 2 2						
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										-	2150	2		
23. PART I. Enter the disc ehock, or hea	eeses, or c	complications tha	t ceuard th	e death. Do	13	02 N	TTON	T HA	Y LAY	VALE, M	2150	2	Approximata	
ehock, or hea iMMEDIATE CAUSE (Finel	art feliure. I	complications that	t ceuard th	line.	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	Approximata intervel Between Onsat and Deeth	
ehock, or hea	art feliure. I	e. Act	se on each	Preum	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
ehock, or hea iMMEDIATE CAUSE (Finel disease or condition	art feliure. I	e. Act	se on each	line.	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition	nt fellure. I	e. At our To	(OR AS A CO	Preum	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
ehock, or hea iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedia cause. Enter UNDERLYING	ns, lete	e. At our To	(OR AS A CO	APUN PRECUENCE O	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
shock, or hea iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ns, lete	e. OUE TO	(OR AS A CO	APUN PRECUENCE O	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
shock, or hea iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	ns, lete	e. OUE TO	(OR AS A CO	MEUNI PRECUENCE O	not enter	tha mod	TTON	T HA	Y LAY	VALE, M	2150	2	intarvei Between	
shock, or hea iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificent	ns, ete G	e. OUE TO  DUE TO	(OR AS A CO	MACUMAN NEOUENCE O	not enter	the mod	de of dyl	M. HW	Y LAY	VALE, Midlec or reepi	2150 2150 arratory arr	eet,	intervel Between Onast and Deeth Gulcay	
shock, or hea iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent	ns, ete G	e. Au DUE TO DUE TO DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. DUE TO d. D. D. DUE TO d. D. D. D. D. D. D. D. D. D. D. D. D. D.	(OR AS A CO	MACUMAN NEOUENCE O	not enter	the mod	ATTONA de of dyl	M. HW	Y LAY	VALE, M	AUTOPSY IMED?	eet,	intervel Between Onast and Deeth Gula y  D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
shock, or head iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent  COUSES Well  COUSES Well	ns, ete G G G G G G G G G G G G G G G G G G	e. OUE TO  DUE TO  C. DUE TO  d. Econtributing to	(OR AS A CO (OR AS A CO (OR AS A CO	INSECUENCE O	13 OU FF):  FF):  In the unit of the unit	the mod	de of dyi	AL HA	Y LAN	VALE, Midlec or reepidec or representation or reepidec or reepidec or representation or representation or representation or representation or reepidec or representation or re	AUTOPSY IMED?	eet,	intervel Between Onast and Deeth Gulay  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
shock, or hea iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificent CAUSES HARE COUSES HAVE COUSES HAVE COUSES HARE COUSES HAVE COU	ns, ete G  t condition  Heave	e. OUE TO  DUE TO  C. DUE TO  d. Econtributing to	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO UNIT OF THE CO (OR AS A CO	INSEQUENCE O	not enter  NON  Fig.  Fi	the moderning	de of dyi	AL HA	Y LAN	VALE, Midlec or reepidec or representation or reepidec or reepidec or representation or representation or representation or representation or reepidec or representation or re	AUTOPSY IMED?	eet,	intervel Between Onast and Deeth Gula y  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
shock, or head immediates or condition resulting in death)  Sequentielly list condition if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent COUSES HAVE COUSED HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSES HAVE COUSED HAVE COUSED HAVE COUSES HAVE COUSED HAVE COUSE	ns, ete G  t condition  Heave	e. DUE TO  DUE TO  C. DUE TO  A. PANY WAR	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO UNITED TO THE CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL ON CONTROL OF CONT	INSECUENCE OF THE PLACE OF DEATH	not enter  NON  Fig.  Fi	the moderlying  HO December 1999	de of dyi	AL HA	Y LAN	VALE, Midlec or reepidec or representation or reepidec or reepidec or representation or representation or representation or representation or reepidec or representation or re	AUTOPSY IMED?	eet,	intervel Between Onast and Deeth  GUCs 9  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ehock, or hea iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent  COUSES HOW  DID TOBACCO USI  25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO	ns, ete G  t condition  Heave	e. DUE TO  DUE TO  C. DUE TO  A. C. DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO USE OF E	INSECUENCE OF THE PLACE OF DEATH YE	Interpretation of the control of the	the moderlying  A Conty one)  The sing Home	de of dyi	IL HAN	Part i.	24a. WAS AN PERFOR	AUTOPSY MEO?	246	intervel Between Onast and Deeth  GUCs 9  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ehock, or hea  IMMEDIATE CAUSE (Fine) Idisease or condition resulting in death)  Sequentielly list condition If any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other eignificent COUSES HAVE COUSED TO BACCO US  DID TOBACCO US  25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pe	ns, ete G G G G G G G G G G G G G G G G G G	e. DUE TO  DUE TO  C. DUE TO  A. A. A. A. A. A. A. A. A. A. A. A. A. A	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO  USE OF E  26.	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH YE PLACE OF DEATH 3 DOA 28b. TIM	Interpretation of the control of the	the moderlying  A Control only one)  The control only one)  The control only one)  The control only one)  The control only one)  The control only one)  The control only one)	de of dyi	IL HAN	Part i.	Z4s. WAS AN PERFOR	AUTOPSY MEO?	246	intervel Between Onast and Deeth Gula y  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ehock, or hea  IMMEDIATE CAUSE (Fine) Idisease or condition resulting in death)  Sequentielly list condition If any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent CUSCS HAR  DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Noturni 5 Pe 2 Accident Inv	ns, ete G G G G G G G G G G G G G G G G G G	e. DUE TO b. DUE TO d. DUE TO C. DUE TO C. DUE TO A. AT CALL HOSPITAL: 1-Tinpetlant 2 28a. DATE OF (Month, D) 26a. PLACE O	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO USE OF E ER/Outpetter (or, Year)	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH YE PLACE OF DEATH 3 DOA 28b. TIM	Inthe ur  TH (Check  OTHE  A Nur  M  M  M  M  M  M  M  M  M  M  M  M  M	the moderlying  HO DO ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONL	UNC	IL HAN	Part i.  Other  28d. DES	24s. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	2 24b	intervel Between Onast and Deeth Guldey  Were autopsy findings awaitable Prior to completion of cause of Death?  1 Yes 2 No	
ehock, or hea  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent  OUGES INV  DID TOBACCO USI  25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pe 2 Accident Inv 3 Suicide 6 Co	ns, ete G G G G G G G G G G G G G G G G G G	e. DUE TO b. DUE TO d. DUE TO C. DUE TO C. DUE TO A. AT CALL HOSPITAL: 1-2 Inpetlant 2 28a. DATE OF (Month, D) 26a. PLACE O	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO  USE OF E  26. I INJURY (a), Year)	INSECUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH YE PLACE OF DEATH IN.	Inthe ur  TH (Check  OTHE  A Nur  M  M  M  M  M  M  M  M  M  M  M  M  M	the moderlying  HO DO ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONL	UNC	IL HAN	Part i.  Other  28d. DES	24a. WAS AN PERFOR	AUTOPSY IMED?	2 24b	intervel Between Onast and Deeth Gulde 4	
Sequentielly list condition resulting in death)  Sequentielly list condition if any, leeding to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other eignificent  COUSES HAR  DID TOBACCO USI  25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Period Coust of County Cou	t condition.  Helium Control  E CONTROL  MEDICAL  anding vestigation outdened bettermined	e. DUE TO b. DUE TO d. DUE TO A. PLACE OF (Month, D)  26a. PLACE O Duliding,	(OR AS A CO (OR AS	INSECUENCE OF DEATH YE PLACE OF DEATH AT DOA At home, farm,	In the ur  TH (Check OTHE 4   Nur  E OF JURY M	the moderiying  the moderiying	UNC	riven in process and addence and no	Part i.  6 Othe  28d. DES	Z4a. WAS AN PERFOR 1 YES 2	AUTOPSY IMEO?	2 24b	intervel Between Onast and Deeth Gulde 4	
ehock, or hea  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedic cause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events reaulting in deeth) LAST  PART II. Other eignificent  OUSES WAS DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide  29s. CERTIFIER (Check only) 1 CERTIFIC	t condition  A CONTR  MEDICAL  Briding vestigation outly not be starmined	e. OUE TO b. DUE TO C. DUE TO d. ATL  RIBUTE TO CA  HOSPITAL: 1-2 Topstlant 2  28a. DATE OF (Month, D)  26a. PLACE O building,	(OR AS A CO (OR AS	INSECUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH AT home, farm, i.e., death occurred.	Inthe ur  The Check  OTHE  A Nur  Before  OTHE	the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying	UNC	RIVEN IN STATE OF THE PROPERTY	Part I.  Part I.  Other  28d. DES  281. LOC.  City .	24a. WAS AN PERFORM  1 YES 2  Tr (Specify)  SCRIBE HOW II  ATION (Street a or Yown, State)	AUTOPSY MED?  NJURY OCC  and Number	24b	intervel Between Onast and Deeth Gulde 4	
ehock, or hea  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedic cause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events reaulting in deeth) LAST  PART II. Other eignificent  OUSES WAS DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide  29s. CERTIFIER (Check only) 1 CERTIFIC	and fellure.  Ins., ete  G  C  C  C  C  C  C  C  C  C  C  C  C	e. Oue TO b. DUE TO d. E contributing to PARIBUTE TO CA HOSPITAL: 1-SINPITAL:	(OR AS A CO (OR AS	INSECUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH AT home, farm, i.e., death occurred.	Inthe ur  The Check  OTHE  A Nur  Before  OTHE	the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying	UNC	Ing, such and the second and dual and dual and dual and dual and dual and dual and at the	Part i.  6 Othe  281. LOC.  City  10 the cau	24a. WAS AN PERFORM  1 YES 2  Tr (Specify)  SCRIBE HOW II  ATION (Street a or Yown, State)	AUTOPSY IMED?  NJURY OCCURRED AUTOPSY IMED?	24b  24b  or Rural I	intervel Between Onast and Deeth Guide y	
ehock, or hea  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if any, leeding to immedic cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events reaulting in deeth) LAST  PART II. Other eignificent  COUSES HAR  DID TOBACCO US  25. WAS CASE REFERRED TO I EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  CRETIFICA  CRETIFICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  CRETIFICA  MEDICA	and fellure.  It conditions  E CONTR  MEDICAL  Bridge PHYSIC  AL EXAMINE!  FOR CERTIFIER	e. Oue TO b. Oue TO c. DUE TO d. Oue To d. Oue	(OR AS A CO (OR AS	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH IN.  At home, farm, te, death occurred/or investigation	In the ur  TH (Check OTHEL A   Nur  ES   In the r  TH (Check OTHEL OTHEL OTHEL ON, In my con, in my	the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying  the moderlying	Ceuse g	Ing, such and the second and dual and dual and dual and dual and dual and dual and at the	Part i.  6 Othe  281. LOC.  City  10 the cau	24a. WAS AN PERFORM  1 YES 2  Tr (Specify)  SCRIBE HOW II  ATION (Street a or Yown, State)	AUTOPSY IMED?  NJURY OCCURRED AUTOPSY IMED?	24b  24b  or Rural I	intervel Between Onast and Deeth Gulca y  Were autropsy findings awaitable prior to completion of cause of Death?  1 YES 2 NO	

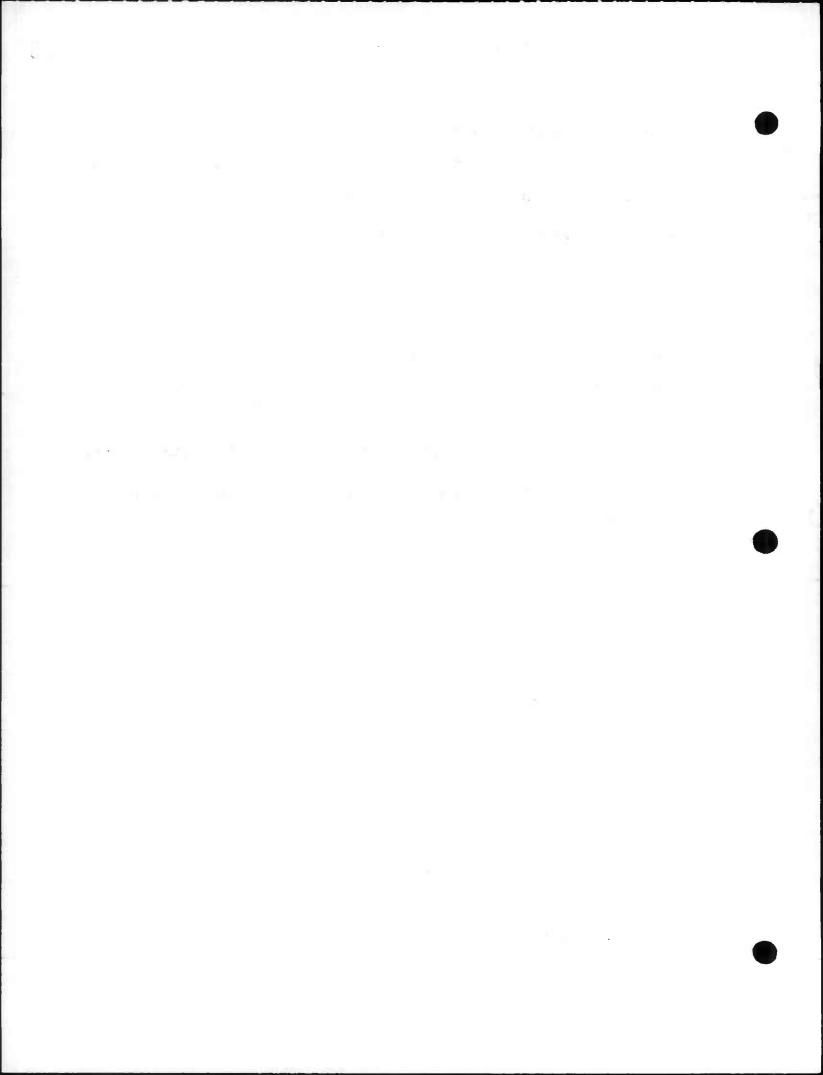
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

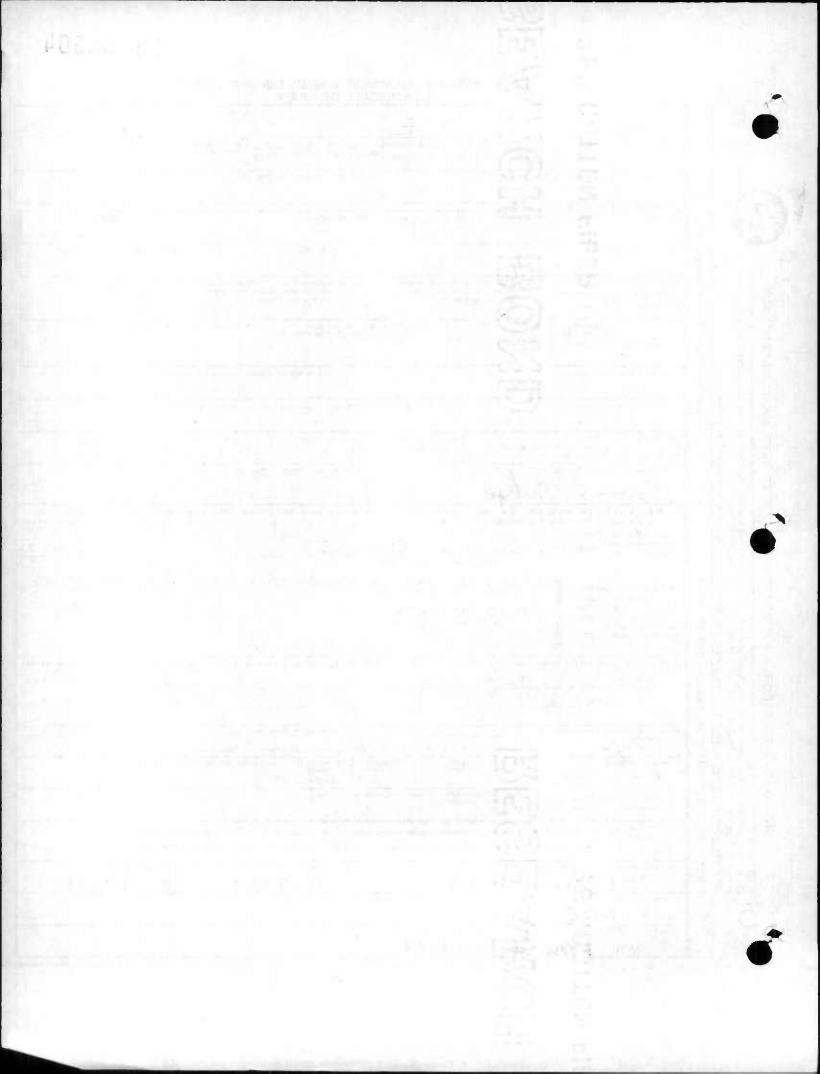
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hash physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CE	RTIFICA	ATE OF	DEATH	REG. NO	).		
Ĭ.	1. DECEDENT'S NAME (First	Middle, Last)	i	_0V i				2. DATE OF DEATH MONTH	3 92	3. TIME OF DEATH 2:05 PM	
	4. SOCIAL SECURITY NUMBER 214-07-2220	5	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) IF 1	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-1-05		BIRTHPLACE (State or Foreign Country) Md	
TOR	9a. FACILITY NAME (# not in Egle Nursing Residence of Dec			bb. city, town on Location of Death  Lonaconing						of DEATH Legany	
DIRECTOR	10a. STATE Md	10h. COUNT Alleg	7	10c. CITY, TOWN OR LOCATION Lonaconing  101, ZIP CODE 100, CIT						10d. INSIDE CITY LIMITS?  1) YES 2 \( \bigcap \) NO	
FUNERAL	16 Douglas		etra .			USA	TIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 No	/ES 2 100 If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White,						
COMPLETED	15, DEC (Specify onl Elementary/Seepndary (f	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5+	(Giv	e kind of work too NOT use ret nemake	AL OCCUPATION  done during movined.)	ON at of working	18b. KIND OF BU	2.3/03/2.7/03/2.7/	rry	
BE COM	17. FATHER'S NAME (First, M. Thomas Pee							ME (First, Middle, Maide Kirkpatr			
TO B	Mr. James 1		e Jr.	19b.	MAJLING ADD	rch St	.,Lonaco	ning, Md. 2	wn, State, Zip Coo 1539	de)	
	20g METHOD OF DISPOSIT 1 & Burial 2 Crematic 4 Donation 5 Other		ovel from State	20b. PLACE A	ND DATE OF DI	sposition (Na	me of 11-	15-94 Lon	ocation — city aconing	or Town, Stata	
	21. SIGNATURE OF FUNERA	E 9	1 11 -				horn-McK oning, Md	enzie Fund	eral Ho	me	
CERTIFICATION	23. PART I Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events resulting in death) LAST									Interval Between Onset and Daeth Industrations (Se years years	
DICAL	PART II. Other algnifler	Red		death but not re		na undarlyln	g cause givan in	Part I. 246. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	PRIO ALLES A D	- S	HER:	ACE OF DEATH (Ch				
PHYS	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D.	INJURY	ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  NJURY 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURS						
TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28a. PLACE O building,	F INJURY — At hore	RY — At home, farm, street, factory, office 26t, LOCATION (Street and Number or Rural Routs						
COMPLETED	000000000000000000000000000000000000000							to the cause(a) and m		ause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	TAN	(IN			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)	
ТО	30. NAME AND ADDRESS O	F PERSON WH	UR. M			57 CONTH	JACKSO	N ST.	2153	9	
	31. DATE FILED (Month, Day,	16er) 5 1994		A'S SIGNATURE							
										DHMH-16 Rev 1/89	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 gr DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	I MILELIOLECT 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8	J. J.	7	54	34003			
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF H	IEALTH AND I	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	MARYLAND VII	RGINIA	LO	GSTON	2. DATE OF DEATH MONTH DA	AY YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 233 84 1028	5. SEX 6. AGE (In yrs. last		ER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	Jan, 19, 1	1 1994 908 W	RTHPLACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give st  MEMORIAL HOSPIT  RESIDENCE OF DECEDENT				ERLAND	EATH	9c. COUNTY O	LEGANY			
DIREC	WEST VA MINE		RIDG					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 2 SILVER STREET				26753		U.S.	OF WHAT COUNTRY?			
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13	If yea, sp		NIC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)	В	RACE — American Indian, Black, White, atc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (Gi	CEDENT'S USUAL ( ive kind of work done  Do NOT use retired.	during mo	ON st of working	HOME	HNESS/INDUSTR	IV .			
BE CON	17. FATHER'S NAME (First, Middle, Linst) JOHN NULL				18. MOTHER'S NA EMMA	ME (First, Middle, Maiden BURKETT	Surname)				
70	190. INFORMANT'S NAME (Type/Print) LOIS LEASE	3 O	) 1 BUTT	ss (Street a ERMI	nd Number or Rural I	Route Number, City or Tow. _ OW - N . HUN	n, State, Zip Code TINGD (	ON,PA15642			
	20e. METHOD OF DISPOSITION  1  X  Burlel 2   Cremetion 3   Remo 4   Donetion 5   Other (Specify)		MND DATE OF DISPO	al le	me of	/ /	CATION — CHY O	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	pchurch	Ĝ 2	EORG 02 G	DADDRESS OF FA	ST.,CUMBE	RLAND,	OME, P.A. ,MD 21502			
	23. PART I. Enter the diseases, or c shock, or haart failura. I	omplications that caused the de- List only one cause on each line.	ath. Do not anta	r tha mo	da of dying, suc	h as cardiac or raspi	ratory srrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	- Leet	e, l	u.	I.			Onsat and Daath			
VTION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Many leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initisted eventa reaulting in death) LAST	Enter UNDERLYING  (Disease or injury Itistad eventa Due to (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant conditions	s contributing to death but not re	asulting in tha u	ınderiying	causa givan in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
MEDICAL					-/-	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF DEAT	TH YES	NO 🗗	UNCERTAIN	V 🗆		10123 2 0 110			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	E OF DEATH (Check								
PHYSICIAN:	1 PYES 2 PAO  27. MANNER OF DEATH  1 PNetural 5 Pending	1 Inputlant 2 ER/Outpatient 3  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	URY AT	8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURE	)			
TED BY	2 Accident 3 Suicide 8 Could not be determined	Accident Investigation   M									
COMPLET		CIAN: To the best of my knowledge, dea									
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER			opinion, d	29c. LICENSE NUM	ABER	29d. DATE SIGN	NED (Month, Day, Year)			
0	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH OFFI	107 (5-1-0)		208	2//	7/1-	15.24			

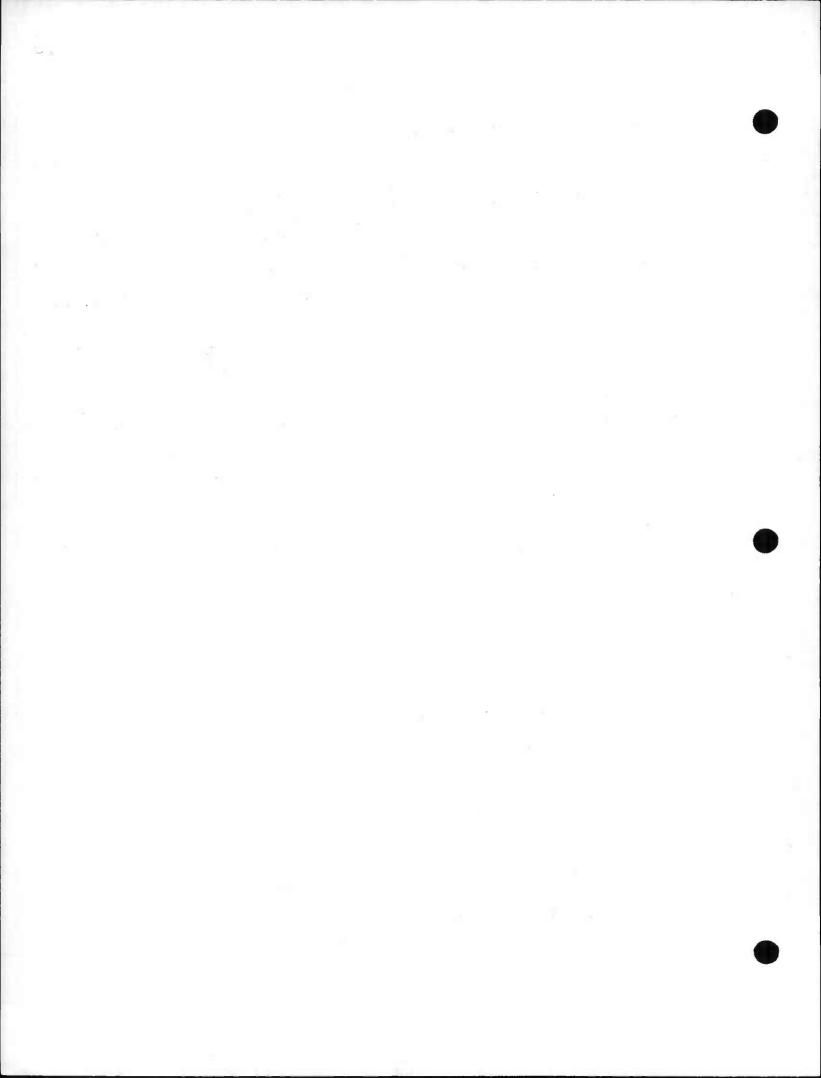


30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
OR	1. DECEDENT'S NAME (First, Middle, Last)  Arthur Eugene Lancaster Sr, Nov. 2, 1994 8:00 P. M.  4. SOCIAL SECURITY NUMBER  2. DATE OF DEATH MONTH DAY NOV. 2, 1994 8:00 P. M.  4. SOCIAL SECURITY NUMBER  3. TIME OF DEATH NOV. 2, 1994 8:00 P. M.  4. SOCIAL SECURITY NUMBER  3. TIME OF DEATH NOV. 2, 1994 8:00 P. M.  5. DATE OF BIRTH (Month, Day, Year)  4. SOCIAL SECURITY NUMBER  5. DATE OF BIRTH (Month, Dey, Year)  7. DATE OF BIRTH (Month, Dey, Year)  6. SHITTHPLACE (State or Foreign Country)  5. COUNTY OF DEATH  Frederick  Frederick						
ED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. CITY, TOWN OR LOCATION  107   Qh C						
TO BE COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)    College (1-4 or 5+)   College (1-4 or						
	Resthaven Mem. Gardens 11/7/94 Frederick, Maryland  22. NAME AND ADDRESS OF FACILITY. Stauffer Funeral Homes, P.A,  1621 Opossumtown Pike Frederick, MD 21702  23. NAME LETTER the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,   Approximate						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Interval Between Onset and Death 2/93  Due to (or as a consequence of):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetiant 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER:  4   Nursing Home 5   Residence 8   Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK? 1 YES 2 NO						
- 1	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of axamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end due to the							
20	296. SIGNATURE AND TUTLE OF CERTIFIER.  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  10 NAME AND ADDRESS OF DEBEGON WAY COMPLETED DATE SECTION AND ADDRESS OF DEBEGON WAY COMPLETED DATE.						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Tom J. Grisson Min 1475 TANKY AV6 State 204 FRENKAUK MY 21702  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 0 7 1994  Julia discussion Revisit.						
	NOV 07 1994 Julia Davelor Karlath.						



	=	#
<b>BALTIMORE, MARYLAND 21215-</b> (	enc	8
N	att	83
<u> </u>	0	H
64	123	9
	Spi	96
Z	Z	Jac
4	the	de
=	3	a
œ	2	P
⋖	ig.	hor
5	et et	65
-	pe	83
ш	2	Dac
Œ	E	20
0	9	acti
Σ	300	din
Ξ	۵.	200
4	ath	90
A	g	1
8	fler	\$
	60	3
	P.	=
		lec
1		1
2	1	etel
9	*	Jou
w.		-
9/	pa	8
5876	ecuted	nd co
( 6876	executed	and co
OX 6876	be executed	cian and co
3OX 6876	ate be executed	vsician and co
BOX 6876	ficate be executed	physician and co
O. BOX 6876	ertificate be executed	no physician and co
P.O. BOX 6876	h certificate be executed	ending physician and co
, P.O. BOX 6876	eath certificate be executed	attending physician and co
S, P.O. BOX 6876	e death certificate be executed	he attending physician and co
DS, P.O. BOX 6876	the death certificate be executed	v the attending physician and co
JRDS, P.O. BOX 6876	hat the death certificate be executed	the attending physician and co
ORDS, P.O. BOX 6876	s that the death certificate be executed	ned by the attending physician and co
CORDS, P.O. BOX 6876	uires that the death certificate be executed	signed by the attending physician and co
<b>RECORDS, P.O. BOX 6876</b>	equires that the death certificate be executed	en signed by the attending physician and co
. RECORDS, P.O. BOX 6876	w requires that the death certificate be executed	been signed by the attending physician and co
AL RECORDS, P.O. BOX 6876	s law requires that the death certificate be executed	has been signed by the attending physician and co
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed with	tte has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the

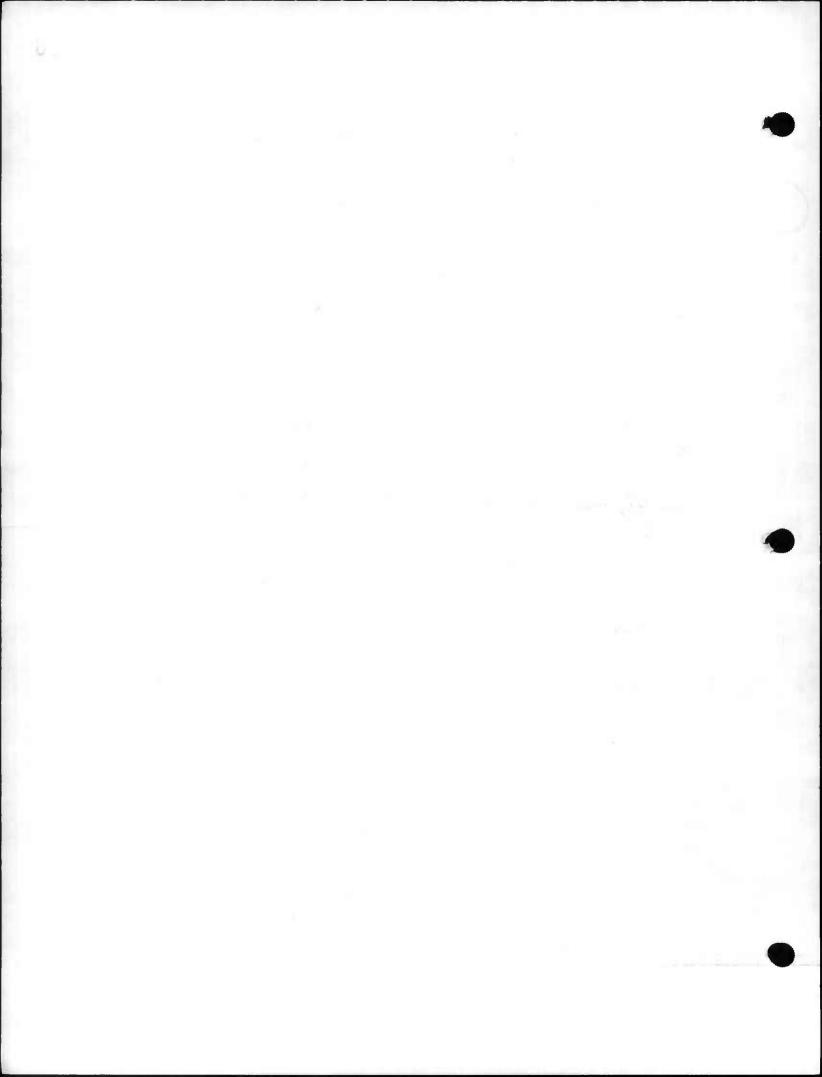
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Mary Jo 1	Lambert		2. DATE OF DEATH NOV. 8					
	4. SOCIAL SECURITY NUMBER 217-32-0496		GE (In yrs. lest birtho	MONTHS	YEAR IF UNDER 24 HP DAYS HOURS MR	s. 7. DATE OF BIRTH	, 8.	BIRTHPLACE (State or Foreign Country)	
OR	9a. FACILITY NAME (If not institution, give street and number) 26700 Howard Chapel Drive				9b. CITY, TOWN OR LOCATION OF DEATH Damascus		9c. COUNTY OF DEATH Montgomery		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland MC						10d. INSIDE CITY LIMITS?  DOONES 2 \sum NO		
FUNERAL	100. STREET AND NUMBER 26700 Howard Chapel Drive				101. ZIP CODE 20872			10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		ES 2 NO	13. WAS DECENOENT OF HISPANIC ORIGIN? (S If yes, specify Cuban, Mexican, Puarto Rica 1 ☐ YES 2000 Specify:		xican, Puarto Rican, etc.	ecity Yes or No— 14. RACE — American Indian, Black, White, etc.  Specify: White		
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) 12		(Give kine	NT'S USUAL OC d of work done di OT use retired.) emaker	uring most of working		business/indus	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  George Wesley Boyer				18. MOTHER'S NAME (First, Middle, Melden Surname) Billie Dry				
TO B	19a, INFORMANT'S NAME (Type/Print)  John W. Lamber	rt, Jr.	19b. MAII 26	LING ADDRESS	(Street and Number or Ri ohnson I	ral Route Number, City or Prive, Da	Town, State, Zip Co	20872 , Maryland	
	20a METHOD OF DISPOSITION 1 Lis Burlet 2 Committion 3 R 4 Donation 5 Other (Specify) 21. BIGNATURE OF FUNETAL SERVICE		20b. PLACE AND DI cemetery, cremetory Boyer N	demori	al Chape	1 11/11 FACILITY 1esworth	, P.A.	us, Maryla , Funeral s, Marylan	
	23. PART / Entecthe diseases, of shock, or heert failured in the state of the shock of the shock of the shock, or heert failured in the shock of the	s. Lang (	sed the death. In each line.		he mode of dying,	such as cardiac or re	espiretory arrea	Approximate Interval Betw Onset and Do 7 mon	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	C	AS A CONSEQUENCE						
IEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR A	AS A CONSEQUENC	CE OF):	lerlying ceuse giver	PER	AN AUTOPSY FORMED?	AMAILABLE PRIDR TO COMPLETION OF CAUS OF DEATH?	
DICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II, Other significent condit.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  MD  27. MANNER OF DEATH	d doest	AS A CONSEQUENCE.  The but not result!  Dutpetlant 3 □ DC	Ing in the unc	28. PLACE OF OEATH ing Home 5. Reelder 28c. INJURY AT WORK?	1   YE	FORMED?	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II, Other eignificent condit.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  MD	DUE TO (OR A  d.  lone contributing to deet  HOSPITAL: 1   inpetient 2   ER/C  28s. DATE OF INJU (Month, Day, Ves building, etc. (5)	Dutpetient 3 Do	Ing In the unc	26. PLACE OF OEATH ing Home 5 - Reelder 28c. INJURY AT WORK? 1   YES 2   NO	(Check only one)  (Check only one)  Ce 6 Other (Specify)  28d. OESCRIBE HO	FORMED?  S X NO  WW INJURY OCCUP  Beet end Number or	AMALABLE PRIDE TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II, Other eignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MD  27. MANNER OF DEATH 1 Natural 5 Pending investigation 1 Suicide 6 Could not 1 detarmined 29a. CERTIFIER (Check only 1 DERTIFYING PH	DUE TO (OR A  d.  lone contributing to deet  HOSPITAL: 1   inpetient 2   ER/C  28s. DATE OF INJU (Month, Day, Ves building, etc. (5)	Dutpetient 3 Do	OTHER OA 4 Nursi	28. PLACE OF OEATH ing Home 5 Reelder 28c. INJURY AT WORK? 1 VES 2 NO ry, offica	(Check only one)  ce 6 Other (Specify)  28d. OESCRIBE HO  281. LOCATION (Str. City or Town, S	FORMED?  S  NO  W INJURY OCCUP  meet and Number or  tate)	AMALABLE PRIDE TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initieted events resulting in death) LAST  PART II, Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AND  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation determined  29 Accident determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A  d.  d.  HOSPITAL: 1   Inpettant 2   ERVC  28s. DATE OF INJUI (Month, Day, Yes  be   28s. PLACE OF INJUI building, etc. (3)	Dutpetient 3 Doc RY 28b. URY — At home, fe Specify) nowledge, death oc stion and/or investi	OTHER OF INJURY M	28. PLACE OF OEATH ing Home 5 Reelder 28c. INJURY AT WORK? 1 VES 2 NO ry, offica	(Check only one)  (Check only one)  Cee 6 Other (Specify)  28d. OESCRIBE HO  281. LOCATION (Str. City or Town, S)  dua to the cause(a) and the time, data and place	PW INJURY OCCUP meet end Number or menner as stated. , end dus to the c	AMALABLE PRIDE TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO	

DIVISION OF VITAL RECORDS, P.O. BOX 1314%,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglens prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVIS	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTO be filed within 72 hours after	IMPORTANT: If Item 28

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	DECEOENT'S NAME (First, Middle, Lest)	AGNES J.		LOVE	2. DATE OF DEATH MONTH	DAY / YE		
	468-07-5573	6. SEX 6. AGE (In yrs. 88	YRS. MONT		May 20,	1906 N	ountry)  Ainnesota	
TOR	90. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Frederick Memorial Hospital  Frederick  Frederick							
DIRECTOR	100. STATE 10b. COUNTY  Maryland	Frederick		WN OR LOCATION	<del></del>		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL (	10e. STREET AND NUMBER	Sandy Spring		10f. ZIP CODE 2178	.8		of WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or if yee, specify Cuben, Mexicen, Puerto Ricen, etc.)  1  YES 2 NO Specify:				
LETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementery/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use retir	one during most of working ed.)		BUSINESS/INDUST	RY	
COMPLET	12 17. FATHER'S NAME (First, Middle, Last) Timothy		counting	12.17	NAME (First, Middle, Maid		itzgerald	
TO BE	190. INFORMANT'S NAME (Type/Print)  Joan Phebus			RESS (Street and Number or Ac	urel Route Number, City or	Town, State, Zip Coo	de)	
	20s, METHOD OF DISPOSITION 1 Suriel 2 Cremetton 3 Remov		ce of disposition	(Name of cometery, cremetory	or 28c.	LOCATION - City	or Town, State	
	Harmony Brethren Cemetery Myersville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Hom  104 E. Main St. Thurmont, Md. 21788							
П	IMMEDIATE CAUSE (Final	implications that caused the lat only one cause on each ii	death. Do not en line.	nter the mode of dying,	auch aa cerdlec or re	spiratory erreat,	Approximete Interval Between Onset and Death	
	disease or condition resulting in death)  a							
CERTIFICATION	Sequentially list conditions, if any, lauding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury cause.							
that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):						soul		
MEDICAL (	PART II. Other algnificent conditiona	contributing to death but no		e underlying cause give	In Part I. 24a. WAS PERI	AN AUTOPSY FORMEDT 2 5 400	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)			
EXAMINER?    HOSPITAL:   OTHER							•	
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	ED	
	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 2 Sa. PLACE OF INJURY — At home, farm, street, factory, office 2 LOCATION (Street end Number or Rural Route Number of						Rural Route Number,	
OMPLI							suse(e) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER							GNEO (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (	ITEM 27) (Type, Print	Tolors	h 21 -	shi o	e sho	

32. REGISTRAR'S SIGNATURE



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 -	FOR STATE REGIS	ETRAR
ì	1. D	ECEDEN	T'S NAI
1		AL	ICE
	4 0	OCIAL S	ECHIDIT

1 - STATE REGISTRAR	SIMIE UT I					DEATH AND	ME	ITAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					_ 0.	DEATH	2, 1	DATE OF DEATH			3. TIME OF DEATH
ALICE	В.	MIT	CHEL	1				10/29/		YEAR	3:00A.M.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		1	R 1 YEAR	IF UNDER 24 HRS		ATE OF BIRTH	7	8. BIRTHP	LACE (State or Foreign
214-38-1414	1 🗌 M 2 📈 F	85	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day, Year) 2/14/01	a	Country)	
9e. FACILITY NAME (If not institution, give str	reet end number)	- 00		9b. CIT	Y, TOWN C	R LOCATION OF	DEATH	2/14/0		NTY OF DE	ryland
1664 Carlyle D	rive An	t. 9B		_	rof	ton			Ann	o A-	undal
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10	0. 00.							LAIIII	e AI	undel
			10c. CIT	Y, TOWN							IOd. INSIDE CITY
Maryland Anne	e Arund	el		Cro	fto						YES 2 NO
The state of the s					101	ZIP CODE			10g. CITI	ZEN OF W	IAT COUNTRY?
1664 Carlyle Di	TIVE AD  12. WAS DECEOEN			100		21114				U.S.	
1 Never Merried 2 Merried	FORCES? 1	YES 2			If yes, sp	cify Cuben, Max	ican, Pu	RIGIN? (Specify Yes erio Rican, etc.)	or No	14. RACE - Black,	- American Indian, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 NO Spe	cify:			Specify	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18e. Di	ECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF BUS	INESS/IND	Whi	te
Elementary/Secondery (0-12)	College (1-4 or 5 +		ive kind of Do NOT u	work done se retired.)	during mo	st of working			1111		
12	2	S	choo	Т	eacl	ner		Educa	tio	n	
17. FATHER'S NAME (First, Middle, Last)					000		NAME (F	irst, Middle, Maiden			
Charles Bennett	,					Nina	Ми	ir Benr	00++		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e	nd Number or Run	I Route	Number, City or Town	, State, Zip	Code)	0400=
Nevette Muir			2720	9 N	evet	te Mu	ir	Rd Unr	er	Fair	21867
20e. METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Remove	val from State	20b. PLACE	AND DATE	DEDISPOS	SITION /No	me of		DATE 20c. LOC	ATION —	City or Town	n, State
4 Donation 5 Other (Specify)		Cemetery, cre MUIT	Fami.	Ly Co	emet	ery		L1/1 Uppe	er Fa	irmo	unt, Md.
21. SIGNATURE OF FUNERAL SERVICE-LICE	NSEE				NAME AN	nan Fune	FACILITY	,			
three Thenne	a	M00295						Md. 218	252		
23. PART I. Entar the diseases, or co	mplications that	caused the de	eath Do r	not enter	the mo	da of dyling, st	ich as	cerdiac or reapir	atory arri	est.	Approximate
shock, or heart feilure. L	lst only one ceu	se on eech line	ъ.			, ,			and y and	,	Interval Between
diseese or condition resulting in death)	Dnoum										Onset and Death
resulting in death) . s.	Pneumo	OR AS A CONSE	OUENCE O	F):							weeks
	Emphys	COMO									j
Sequentially list conditions, if eny, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or Injury											
that initiated eventa reaulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF	F):							
d.											
PART II. Other algnificent conditions	contributing to	deeth but not i	resulting i	In the un	nderlying	cause given i	n Part	. 24a. WAS AN A	UTTOREY	245 14	ERE AUTOPSY FINDINGS
					, , ,			PERFORI	MEO?	I A	WAILABLE PRIOR TO OMPLETION OF CAUSE
								1 TYES 2	NO		F DEATH?
										1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28. Pl	ACE OF DEATH (C	heck on	v one)			
	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4   Num	₹:	5 Reeldence					
27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJL	IRY AT	_	DESCRIBE HOW IN	JURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJ	URY M	1 Y	IK? ES 2 NO				OILED	
3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	rne, ferm, s	street, fact	ory, office		28t.	LOCATION (Street ar	d Number o	or Rumil Rou	te Number
4 Homicide determined	oullaing,	rtc. (Specify)					1	City or Town, State)			
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the heat of	ny knefetitore	oth cor-	ud as as	lma d :	and all the second					
(Check only one) 2 MEDICAL EXAMINER:	On the besie of an	emmation end/or i	investigation	n. In mu ^	me, date	end place, end du	e to the	cause(e) end menr	er ee state	d.	
29b. SIGNATURE AND TITLE OF CERTIFIER		//		, my 0	FAROII, 00			and sho place, end			
1 / C - A L	11. 1	./.	^			29c. LICENSE N	IMBER		29d, DATE	SIGNED (M	lonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	F OF DEATH OTHE	M 270 /F	Dries)		D1848	30			11/2	/94
~											
Ronald C. Srok 31. DATE FILEO (Month, Day, Year)	a M.D.	1684	Vill	age	Gre	en, Cı	nf.	ton, Md	2	1114	
NOV 0 9 1994 Julio	- Enmance.	News !									

NOVO 1 1924 J. J. SUSSELLELL

,,	
68760,	
87	
9	
ŏ	
BOX	
P.0.	
-	
Š	
R	
0	
RECORD	
8	
TAL	
Z	
OF VIT	
L	
0	
Z	
0	
DIVISION	
ΣĬ	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within bours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3-count	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

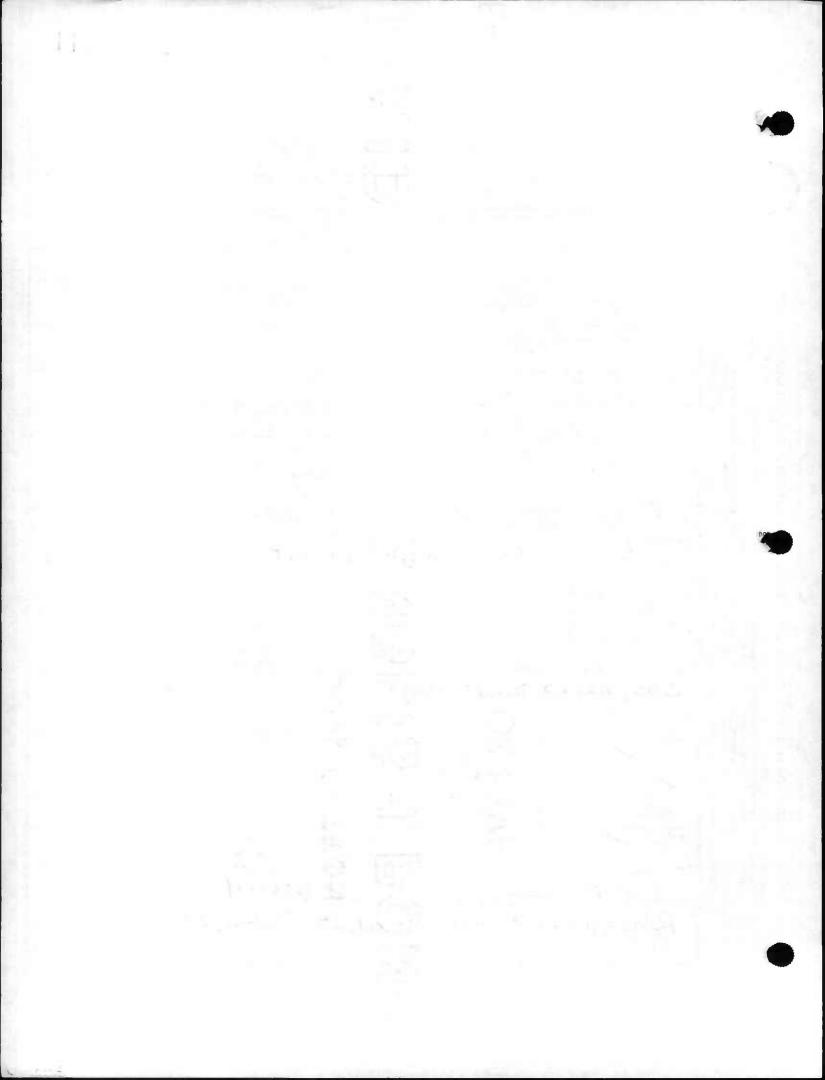
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.	E	
1	1. DECEOENT'S NAME (First, Middle, Last)				<b>D</b>	2. DATE OF DEATH		3. TIME OF OEATH
	Edna	May Maiser	halder			November	2, 1994	9:30 P.M.M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (Step or Foreign try) Ballimore,
	216-24-7003  9a. FACILITY NAME (If not institution, give	1 □ M 2 50 F 92	YRS.	NTHS DAYS	HOURS MIN.		902   Ma	ryland
.			-90		R LOCATION OF DE	EATH	9c. COUNTY OF	
DIRECTOR	115 Powell Aven	ue		Bel	Air		Harf	ord County
Ä	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		ord County		Bel A:	ir			1 X YES 2 NO
ַּן	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	115 Powell Aven		<del></del>		21014		U.S.	A.,
Ē	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES				WIC ORIGIN? (Specify Years, Puerto Rican, atc.)	or No — 14. RAC Blac	E — American Indien, ck, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES		2 NO Specify		Spec	c/fy:
	15. DECEDENT'S EDU	JCATION	16a. DECEOENT'S US	UAL OCCUPATION	N.	16b. KIND OF BUS		ite
COMPLETED	(Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo stired.)	st of working			
₹	8	0	Housewi	fe		Homer	naker	
5	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
E E	Charles John				Lo	ouisa		Carl
5	19a, INFORMANT'S NAME (TARANTE)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)	
-	Miss Kay L. Mais	enhalder	115 Po	well A	renue, B	el Air, Mar		
	20a. METHOD OF DISPOSITION 1 Disposition 3 Ren	noval from Stata COM	PLACE AND DATE OF D	nlecel			CATION — City or T	A STATE OF THE STA
	4 Donation 5 Other (Specify)	Be	l Air Mem	Garde	ens Nov.	5, 1994 B	el Air, l	ld. 21014
	21. SIGNATURE OF FUNERAL SERVICE LI	Joseph W.	Foster		D ADDRESS OF FA	T. O S O SI	r Funera	L Home
	berethal	ein tropes		Be	al Air. N	roadway & Varyland 21	lo14	pureeu
	23. PART I. Entar the diseases, or shock, or heart failure.	complications that caused List only one cause on er	the death. Do not	anter the mo	da of dying, auc	h aa cardiac or reapi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final							Onset and Dasth
ŀ	disease or condition resulting in death)	. Arterio Sc	lerotic C	ardio \	ascular	Disease		
			CONSEQUENCE OF):					
2	Sequentially list conditions,	Congestive	CONSEQUENCE OF):	llure				
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	. Old Age	,					İ
	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					
-	resulting in death) LAST	d						
3	PART II. Other significant condition	ne contributing to death h	ut not requiting in t	ha undarkdar	a acusa abusa la	Don't las uno su		
5	TAIT II. Other organical contact		or nor readiting in t	ne underlyini	causa givan in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES 2	₩ NO	OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF D	EATH YI	S CT NO			1 YES 2 NO
PHTSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	TOTAL TO A	CAUSE OF D		ACE OF OEATH (Ch	حر		
2	EXAMINER?  1 YES 2X NO	HOSPITAL: 1   Inpatient 2   ER/Outp.		THER:	_30			
	27. MANNER OF OEATH	26a, DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT	6 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURED	
7	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY		PK? 'ES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic		281. LOCATION (Street a	and Number or Rural	Route Number,
	4 Homicide determined	conding, atc. (Spec				City or Town, State)		
2	29a. CERTIFIER (Check only	SICIAN: To the best of my knowl	edge, death occurred a	t the time, data	and place, and due	to the cause(a) and man	nner as stated.	
COMPLEIED		ER: On the beels of examination						a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R S S			29c. LICENSE NUI	MBER	29d. DATE SIGNE	O (Month, Day, Year)
	Philipa Neu	man X			D040	714	Novemb	
2 ∥	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)			210 A CHIL	J 1774
	Philip W. Heum	ian, M.D.	307 North	Hickor	y Avenue	, Bel Air,	Marylan	d 21014
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	ATURE					
	NOV 0 3 19	94 Julia Dave	son-Randall					

BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, Jus after death,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	be filed within 12 hours after beam with the State begu, or health and weeklar hygiene prior to build, bethebour, or entover, IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	
n	after	y the	Cai	
	TILS	d ii	9	
	7	lled illed		
	E S	ely f	5	
Š	with	plet	le le	
2	rted	50		
õ	XBCL	and	uat:	
Š	9	cian	- E	
ď	cate	la su		
o.	ertif	D D	5	
7.	tho	ibudi	6	
ń	dea	e att	2	
Ĵ	the	¥ .	三	
Ġ	tha	ped t	a a	
Ċ	uires	Sign	2 2	
ř	reg	Deen	5 5	
7	MP :	Sec	23 50	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	The	ate	<b>19</b>	
>	IAN	rtific	0 0	
+	YSIC	S C8	9	
7	H.	r th	arte	
5	DING	Afte	3	
n	TEN	DH.	80 E	
≥	R AT	REC	E .	
)	0 7	07	2 2	
	PIT	ERA	. E	
	89 198	E.	M	l
	黑	품	be fied within 12 hours after death with the State Dept. or health and werke prior to buriet, beneauth, or brinder. IMPORTANT: If them 28 its marked, or item 23 shows any Injury, or other traumatic event, the medical exp	
	2	2	2 8	

•	35	<i>p</i> .	
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 🗞 us after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
IF VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate be executed within 24	certificate has been signed by the attending physician and completely filled in by the to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENI
	CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTAL	HYGIEN			
	1. OECEOENT'S NAME (First, Middle, Last)	-						OF OEATH			3. TIME OF OEATH
1	Clarence Wesley	y Melvin					1 O	2		AR A	3:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birtho		_	IF UNDER 24 HRS.		OF BIRTH	6.	BIRTHP	LACE (State or Foreign
	213-36-0077  9. FACILITY NAME (If not institution, give str	1 M 2 F	87 YR		DAYS C	R LOCATION OF D	Apri	1 13,	1907 N		/land
.œ						N LOCATION OF D	CAIN		SC. COOKITY	OF DE	310
ривестоя	Caroline Nursing	Home		Den	TOIL				L Carol	ine	
H	10e. STATE 10b. COUNTY		1000	CITY, TOWN O						3	10d. INSIDE CITY LIMITS?
ā	Maryland	Carolin	e			leralsbu	rg				1 - YES 2 X NO
₹	10e. STREET AND NUMBER	*			101.	ZIP CODE					HAT COUNTRY?
FUNERAL	Liden School Road					21632			U.	S.A	
2	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y				ENDENT OF HISPA cify Cuban, Mexic			s or No- 14.	RACE - Black,	American Indian, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1	YE\$	2 NO Speci	Vy:			Specify	
	15. DECEDENT'S EDUC		16e. DECEDE	NT'S USUAL OC	CUPATIO	N	16b.	KIND OF BU	ISINESS/INDUS		asian
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		d of work done a OT use retired.)	luring mos	st of working					
F		None		Farmer				Fa	rming		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, I				
BEC	Frederick	Noble Me	elvin			Ida	Virgi	nia	Wright		
10 8	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					
F	Shirley Jean Jon	es	26	568 Bu	rrsv	ille Ro	ad, D	enton	, Maryl	and	21629
	20e. METHOD OF DISPOSITION 1 1 Burlet 2 □ Cremation 3 □ Remo	val from State	20b. PLACE ANO			(Name	OAT		OCATION — City		.,
	4 Donetion 5 Other (Specify)		Bloomery		_			26 Fe	derals	our	g, Maryland
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. WASE AND ADDRESS OF FACILITY MODIFIES THE PROPERTY OF A A A A A A A A A A A A A A A A A A										
	el Cleaner.	leone		90	rawe	r B, De	nton,	MARY	land >	216	29-
	23. PART i. Enter the diseases, or c shock, or heart fellure. I			Do not enter	the mo	de of dying, su	ch ee cer	diec or ree	piratory errest	,	Approximete Interval Between
	iMMEDIATE CAUSE (Fine)	Control of the Control									Onset and Desth
	diseese or condition resulting in death)	Ccrebe	al Vasc	vlar	Aco	cident					5 days
	5.000	DUE TO (OR A	S A CONSEQUEN	CE OF):							1
N	Sequentielly list conditions,	)									
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OH )	AS A CONSEQUEN	CE OFJ:							
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUEN	CE OF):	_						+
E	resulting in death) LAST										
										_	
Ä	PART II. Other significant condition	_		-	derlying	g ceuse given in	n Part i.	24a. WAS A PERFO	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC	OBS, ASCVI	2, Diver	Ticulos	15	-		_	1 TYES	2 110		OMPLETION OF CAUSE OF DEATH?
M				_							1 TYES 2 NO
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	€:	ACE OF DEATH (C		7.07.1.5			
ΙΥS	1 YES 2 ANO 27. MANNER OF DEATH	1 Inpetient 2 ERA	100	OA 4 Mun		e 5 🗆 Residence			IN HIPW COOL	250	
	1 Natural 5 Pending	(Month, Day, Ye		INJURY		PRK?	286. DE	SCHIBE HOW	INJURY OCCUP	TED	
BY	2 Accident Investigation	26a. PLACE OF INJ	URY — At home for	arm street fact			201 1.00	ATION (Street	t end Number or	Rural B	oute Number
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (	Specify)	arri, atrost, ract	ory, orno			or Town, Stat		* **********	oute Humber,
Ē	290. CERTIFIER			e - 1000 - 1		Saviga est	7.100				
COMPLETED	Corroom only	CIAN: To the best of my k R: On the basie of examin									and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		-								
BE	THE OF COMME					29c. LICENSE N	701	1	D 1 C	/>	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	OEATH (ITEM 27)	(Type, Print)		1122		1	1 10	18-	7174
	011	und 9		or kei	+ 0	+ De	aha	- A	10 2	211	20
	31, DATE FILEO (Mogth, Day, Year)	32, REGISTRAR'S	SIGNATURE		ر	1	-40	7, 1	1101	- ( (	
	OCT 26 '94	Julia Davidso	n-Randall	2							



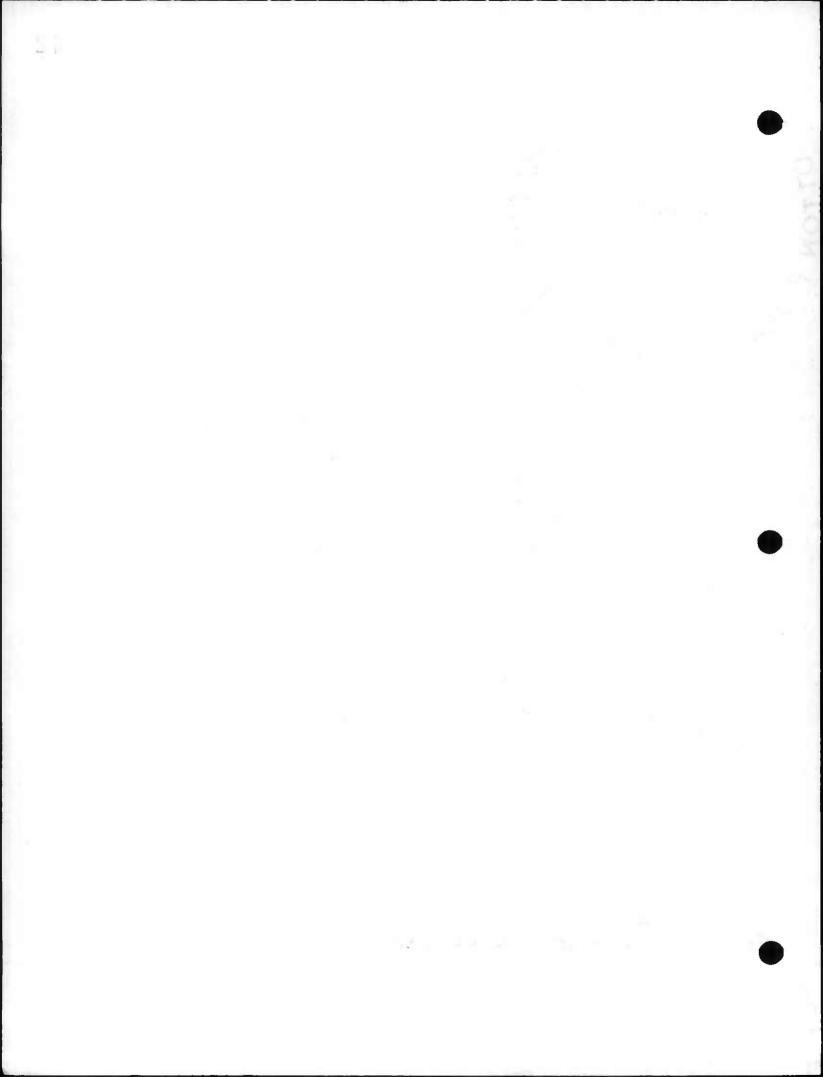
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Amended Item #4

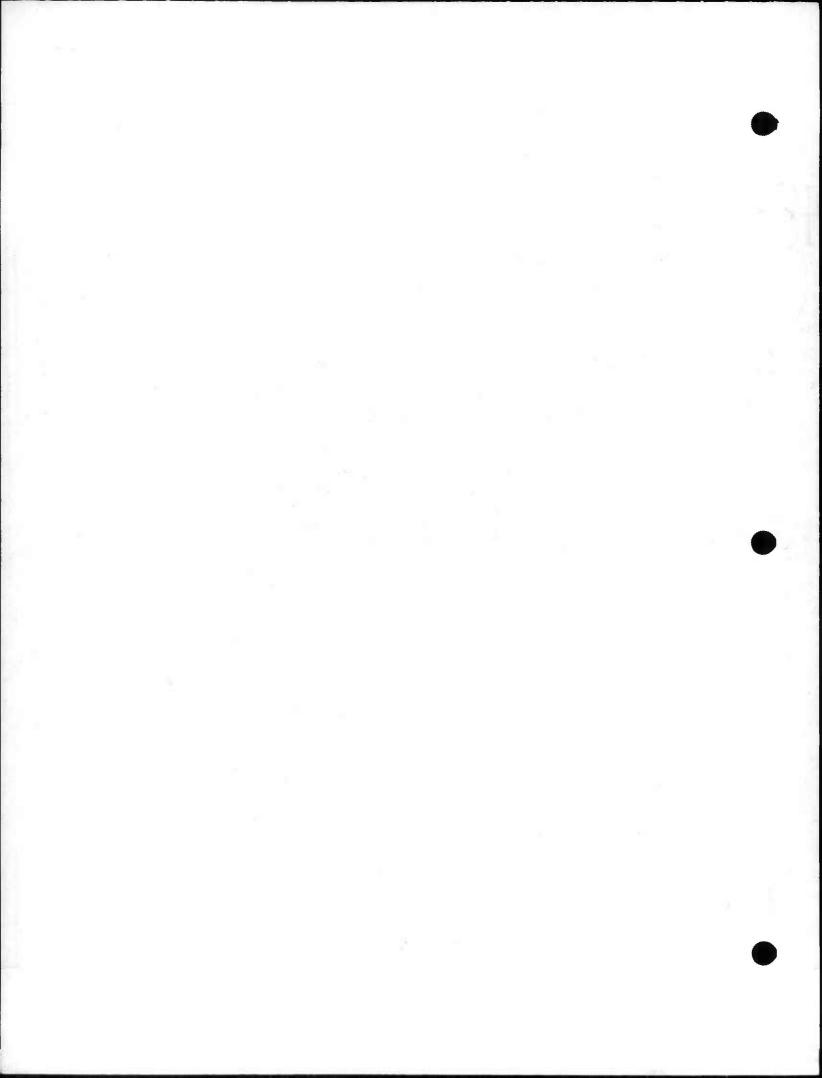
WCHD 11/7/94 mpt

	1 - STATE REGISTRAR	CERTIF	FICATE O	DEATH	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)		M 1	00.0	2. DATE OF DEATH MONTH / DA	AV -	3. TIME OF DEATH
	DELLA J			SSEY	NOV E	5 19	94 0041 1
	219-34-4032	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	95 YRS.	AL OUTH TOUG		12-29-1		DELAWARE
Œ			96. CITY, TOWN	OR LOCATION OF DEA	МН	9c. COUN	TY OF DEATH
[유	WATERVIEW HEALTH CARE	CENTER_	SAI	ISBURY		<u>V</u>	VICOMICO
DIRECTOR	10s, STATE 10s, COUNTY	10c. Cf	TY, TOWN OR LOC	ATION	· · · ·		10d. INSIDE CITY LIMITS?
	MD. WICOMICO		SALIS				1 TES 2X NO
RAI	10.2.4 A NUMBER			Of, ZIP CODE			EN OF WNAT COUNTRY?
FUNERAL	1934 AUTUMN GROVE CT.  11. MARITAL STATUS  12. WAS DECEDENT EVE	R IN U.S. ADMED	12 WMS DI	21801	C ORIGIN? (Specify Yes		J.S.A.
BY FL	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR O	ES 2 V NO	If yes,	ipecify Cuban, Mexican S 20 NO Specify:	, Puerto Rican, atc.)	or No—	14. RACE — American Indian, Black, White, atc.  Specify: WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	S USUAL OCCUPAT	TION	16b. KIND OF BUS	SINESS/IND(	JSTRY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT	work done during i use retired.)	nost or working			
₩.	10	JOH	SEWIFE			HOME	3
1 - 1	17. FATHER'S NAME (First, Middle, Last)			-301 -53011-0	IE (First, Middle, Meiden	Surname)	
B	JAMES H. ANDREWS  190. INFORMANT'S NAME (Type/Print)	10h MAII IN	G ADDRESS (Street		TAYLOR  Oute Number, City or Tow	a Chair 7/a	0-41
일	CHARLES H. MASSEY SR						BURY, MD. 21801
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE					City or Town, State
	1 Burlel 2 Cremation 3 Harnoval from State 4 Donation 5 Other (Specify)	WICOMIC	O MEM.	PARK			BURY, MD.
П	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//	22. NAME	AND ADDRESS OF FAC			
	Cett f. Land	h	ВО	UNDS FUN	ERAL HON	Æ,SA	ALISBURY, MD.
	PART I. Enter the classes, of complications that caushock, or heart failure. List only one cause of	aed the death. Do					est, Approximate
	IMMEDIATE CAUSE (Fine)						Interval Between Onset and Death
	disease or condition e. ARTERIC	sclerot	ic (ERE	FBRO-Car	diovascu	lar D	sease years
	DUE TO (OR A	AS A CONSEQUENCE	OF):				
CERTIFICATION	Sequentially list conditions, Due to (OR /	AS A CONSEQUENCE (	OF);				
CAT	If any, leading to immediate cause. Enter UNDERLYING		•				
E	that initiated events	AS A CONSEQUENCE (	OF):				
E	resulting in deeth) LAST						
Lati	PART II. Other significant conditions contributing to dest	h but not reaulting	in the underly	ng cause given in F	Part I. 24a, WAS AN		24b, WERE AUTOPSY FINDINGS
ICA	Hypertension, Chroni	2 Obstv	ructive	Pulmon	AVY 1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	Discoso				_ /  '		OF DEATH?
	DID TOBACCO USE CONTRIBUTE	O CAUSE C	OF DEATH	YES   NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. OTHER:	PLACE OF DEATH (Chec	ck only one)		
IYSI	1 YES 2 SONO 1 Inpettant 2 ER/		4 Nursing Ho	me 5 Residence 6			
PHY	27. MANNER OF DEATH 28e. DATE OF INJU (Month, Day, Ye.		JURY Y	JURY AT /ORK?	28d. DESCRIBE HOW I	NJURY OCCI	URED
ВУ	2 Accident Investigation 3 Suicide S Could not be 28s. PLACE OF INJ	URY — At home, farm,			28f. LOCATION (Street )	and Number /	or Bural Bouta Number
TED	S Could not be building, etc. (	Specify)			City or Town, Stete)	na momoor c	or the Floor trongs,
LE I	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my ki	nowledge, death occur	red at the time de	te and place, and due t	o the cause(s) and mar	oner en elete	4
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examin						
Ŭ	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
0	Thomas CHill &, Mes	Lical Dir	ector	1) 080	200	D //	-5-94
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ		01	2 1 1		
	I HOMAS CI HILL JR 18	08 Pine	SluF	FRd, S	salisbu	Ry 1	nd 21801
	31. DATE FILED (Month, Day, Year) 32. AEGISTRAR'S S	IGNATURE I				1	



		ermit. Pa	er.
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit pr, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			ENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	m	Mou	,CHN.	wp	2. DATE OF DEATH DAY	01 9	3. TIME OF DEATH
	213-38-0898	M 2 □ F		F UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-7-1908		New York
OR	9a. FACILITY NAME (If not institution, give street University of Mar	end number) yland	91		r LOCATION OF DEAT	тн	9c. COUNTY O	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ОН		-	10d. IHSIDE CITY
	Md. Wic	omico	Sal	lisbury				1 YES 2 NO
FUNERAL	306 New York Aven	ue		101.	21801		U.S	A.
В	1 Never Married 2 V Married	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe	endent of Hispanic city Cuben, Mexican, 2X HO Specify:	ORIGIN? (Specify Yea Puarto Rican, etc.)	8	ACE — American Indian, lack, White, atc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade com	npleted)	16e. OECEDEHT'S US (Give kind of work life. Do NOT use n	k done during mos	N It of working	16b. KiHO OF BUS	IHESS/IHDUSTR	Υ
MPLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Doctor			Veterina	ary Med	icine
	17. FATHER'S NAME (First, Middle, Last)  James Moulthrop				18. MOTHER'S HAME Res	E (First, Middle, Maiden : Va Schne:		
10 BE	190. HHFORMAHT'S HAME (Type/Print) Elizabeth Moulthro	op				ute Number, City or Town		
	20s. METHOD OF DISPOSITION 1 M Burlet 2 □ Cremation 3 □ Removal	20b.	PLACE AND DATE OF I	DISPOSITION (Nat	me of	OATE 20c. LOC	CATIOH — City o	r Town, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEHS		Parsons C	emetery	D ADDRESS OF FACH	11/4 Sali	sbury,	Maryland
	· Duald	1 Janu	inax	-		l Home, Sa	lisbur	y, Md.
	23. PART I. Entar the diseases, or companies, or heart failure. List	only one causa on ea	ich lina.			aa cardiac or respir	retory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	HIP	disport	orth	15			Onset and Death
z		DUE TO (OR AS A	COHSEQUENCE OF):		150			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	COHSEQUENCE OF):		1	£_		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	COHSEQUENCE OF):		1	The	)	
	d	antelbution to double by				Y	_	
SICAL	PART II. Other aignificant conditions co	Jilliouting to death be	at not rauditing in	tna undenying	cauaa given in Pi	PERFOR	MEDS	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TODA COO HOT CO					/		1 YES 2 HO
IAN	DID TOBACCO USE COI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUSE OF E		ACE OF DEATH (Check	k only one)		
IYSIC	1) YES 2 HO	GSPITAL:	atient 3 DOA 4		5 - Rasidence 6			
ВУ РН	27. MANNER OF DEATH  1 Hetural 5 Pending 2 Accident Investigation	(Month), Day, Yell)	28b. TIME C		RK?	28d. DESCRIBE HOW IS	CIL	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci		et, factory, office		28t. LOCATION (Street a	nd Number or Ru	ral Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowl	7	at the time, date	and place, and doe to	the cause(a) and men	ner se stated.	alship VIa.
COM	one) 2 MEOICAL EXAMINER: O	n the basis of examination	and/or investigation,	In my opinion, de	eath occured at the til	me, data and place, and	dua to the cau	se(s) and manner as stated.
O BE	290 OF THE AND TITLE OF CERTIFIER	16/	ME	2	29c ACEHSE HUMB	256	≥ ¿¿	ED (Modifity Cay, Year)
۵	30. NAME AND ADDRESS OF PERSON WHO CO	PMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	jim)	UMMS	ANEST	4680	1 (cm
	31. PATE FILED (Month, Day, Year) NOV 03 1994	32. REGISTRAR'S SIGNA	ATURE			······································	7	/
	10117 (13 1994	TOTA WILLIAM	N. MARATINE					



020	physician.	burial-transit perr		
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the oval.	al examiner must be notified at once.	
	this ar nours at	stely filled in by mation, or remo	it, the medica	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attenting physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perr be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO.		
1		ills McDona				2. DATE OF DEATH	0 - G	
	4. SOCIAL SECURITY NUMBER 219-16-0311	1≧M2□F 7	n yrs. last birthday) O yrs.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		,1924	RTHPLACE (State or Foreign ountry)  MD
TOR	98. FACILITY NAME (# not institution, give s Meridian Nursin				apolis	ATH	9c. COUNTY O Ant	n Arundal
DIRECTOR	10a. STATE 10b. COUNT	Arundal		apoli				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	1044 B Spa Rd.				21403			OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 XMarried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? TO YES IF YES, GIVE WAR OR DA	U.S. ARMEO 2 NO NTES	If yea,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify		8	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT use Deputy	rork done during i a retired.)	nost of working	MD. En		w ental Servi
BE COM	17. FATHER'S NAME (First, Middle, Last) Thomas Patrick	McDonagh			18, MOTHER'S NAI	ME (First, Middle, Meiden a Olivia	Surname) Wills	McDonagh
TO B	Philip R. McDor	nagh, Jr.	19b. MAILING 1405	Redwo	od Circl	oute Number, City or Town Le LaPlat	n, State, Zip Code	20646
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		PLACE AND DATE O			14/94 Ch	cation – city o lape1 ]	Pt., MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Echol	MOO945	AREH LaP1	ata,MD	DLS FUNER 20646		ME, INC.
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Recurre	eut	Stu	lode of dying, such	a cerdiac or respi	ratory erreat,	Approximate Interval Between Onset end Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ASCU!	CONSEQUENCE OF		( CHI)	CALLYO	\art	
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	K.	9.23	gy		
EDICAL C	PART II. Other significant pendition	Contributing to death bu	it not resulting in	Hs b Ti	actur	Part 1. 24a. WAS AN. PERFOR	MED7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YE	S   NO	UNCERTAIN	us	1	1 □ YES 2 NO
PHYSICIAN:	21. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1   Impetient 2   ER/Outpet	ellent 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 (2) Other (Specify)		
ву РН	27. MÄNNING OF DEATH  1   Natural   1   Pending 2   Accident   Investigation	28a. DATE OF INJURY (Movim, Day, Year)	34 TIME	M 1	AJURY AT FORK? YES 2 NO	Fell a	gent.	of Bed
	3 Suicide 6 Could not be determined	280. PLACE OF INJERY - bording, etc. (Special	At home, farm, st	1/	el_	261. LOCATION (Street a City of Town, State)		rral Route Number,
COMPLETE	2 MEDICAL EXAMINE	CIAN: To the beat of my knowle R: On the beals of examination						se(a) and manner as stated.
TO BE	POB. SIGNATURE AND TITLE OF CERTIFIE	SUPPLIE	>		29c. LICENSE NUM	BER	≥ Mo	NED (Month, Def; Year)
	30. NAME AND ADDRESS OF PERSON WH  OF THE PROPERTY OF THE PROP	O COMPLETED CAUSE OF DEA	MMD	183	hrost	Ar Anno	3016	MD21401
	NOV 1 4 199		or Randall.					, ,

												7	3 4 0 1 0
	1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	TMEN'	T OF H	EALTH	AND I	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Willamina				leary			2. DATE	OF OEATH	v	YEAR	3. TIME OF DEATH
1	Willamina	Mackie	Me	lea	14				//	1 09		4	1028 PM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
	221-03-7765	1 🗌 M 2 💢 F	80	YRS.	-Cittis	UMI S	HOONS	wiit.		. 1, 19	914		yland
-	Sa. FACILITY NAME (If not institution, give s					Y, TOWN O		ON OF DE	EATH			NTY OF D	EATH
0	241 Little Elk (	reek Road			E.	lkton	1				Cec	il	
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCATI	ION		-				10d. INSIDE CITY
뜸	Maryland Ceci	.1		E1	ktor	n							LIMITS?  1 YES 2 X NO
A A	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CIT	ZEN OF W	/HAT COUNTRY?
FUNERAL	241 Little Elk C	Creek Road					2192	21			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	ER IN U.S. AR	MEO						N? (Specify Yas	or No—	14. RACE	— American Indian, , White, atc.
BY F	1 Never Married 2 Married  3 X Widowed 4 Divorced	IF YES, GIVE WAR O		4O		1 YES				Rican, atc.)		Specif	by:
		1	list or										White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S ive kind of Do NOT u	work done	during mos	on st of workir	ng	16	b. KIND OF BUS	INESS/INE	DUSTRY	
금	Elementary/Secondary (0-12)	College (1-4 or 5 +) 2		ecret	,					Lumber	Comr	anv	
WO	17. FATHER'S NAME (First, Middle, Last)		1 00	CCIC	aly		18. MOTI	HER'S NA		Middle, Maiden		dily	
	Arthur Ma	ickie								mie Tho	,	מו	
B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street ar	nd Number	r or Rural		nber, City or Town			
유	Elizabeth L. Mac	kie	1							sville		190	067
	20a, METHOO OF DISPOSITION 1 N Buriel 2 Cremation 3 Rame		20b.PLACE				ma of		1 94	79 3 20c. LO	CATION -	City or To	wn, Stata
	1 △ Buriel 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	Sharj	ps Ce	ther place)	ery			19				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	D ADDRE	ss of FA		Funeral			
	) m	8 H. B				103	West	: St	ockt	on Stre	eet		
$\vdash$	23. PART I. Enter the diseesea, or o	complications that cer	used the de	eth. Do i	not enter	the mod	de of dy	MD ing. suc	th as cer	21-552.	ratory an	rest.	Approximata
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause of	on each line	i.			•					,	interval Between Onset and Death
1 1	disease or condition	ASCV	D										Onsot and Seath
	reaulting in deeth)	DUE TO (OR	AS A CONSE	OUENCE O	F):								many yours
z		b.											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	OUENCE O	F):								
<u>8</u>	CAUSE (Disease or Injury	с											
분	that initiated events	DUE TO (OR	AS A CONSEC	DUENCE O	F):								
	Todaling in dealing End	d											
L C	PART II. Other significent condition	e contributing to dee	th but not r	esuiting	in the u	nderlying	cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL		= .								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 123 2			OF DEATH?
	DID TOBACCO USE	CONTRIBUTE 1	CAU	ISE O	F DEA	ATH Y	/FS C	7 NO	0 [				1 (E3 2   NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			0	027		ACE OF D			nne)			
Sic	1 YES 2 NO	HOSPITAL: 1   Inpettent 2   ER/	Outpatient 3	□ DOA	OTHE 4   Nu		e 5 □ Re	sidence	8 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	JRY ear)	28b. TIN	E OF	28c. INJU	URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		ES 2	NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJ building, atc. (	JURY — At ho (Specify)	me, farm,	street, fac	tory, offica			28f. LO	CATION (Street a	nd Number	or Rural F	loute Number,
ETE													
14		ICIAN: To the best of my k											
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examin	nation and/or	investigatio	on, in my	opinion, de	eath occur	red at the	time, dat	a and placa, and	d due to th	na cause(s	) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERSOFIES	11/1	2				29c, LICI	ENSE NU	мвен		29d. DAT	E SIGNED	(Month, Day, Mar)
0 8	/ /which	TAM!				- 1	1)	358	240	7.	1	JOV	10 94
	30 MARK AND ADDRESS OF BEDRION WAS	COMPLETED CAUSE OF				_							

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE PILED (Month, Day, Year)

4 '94

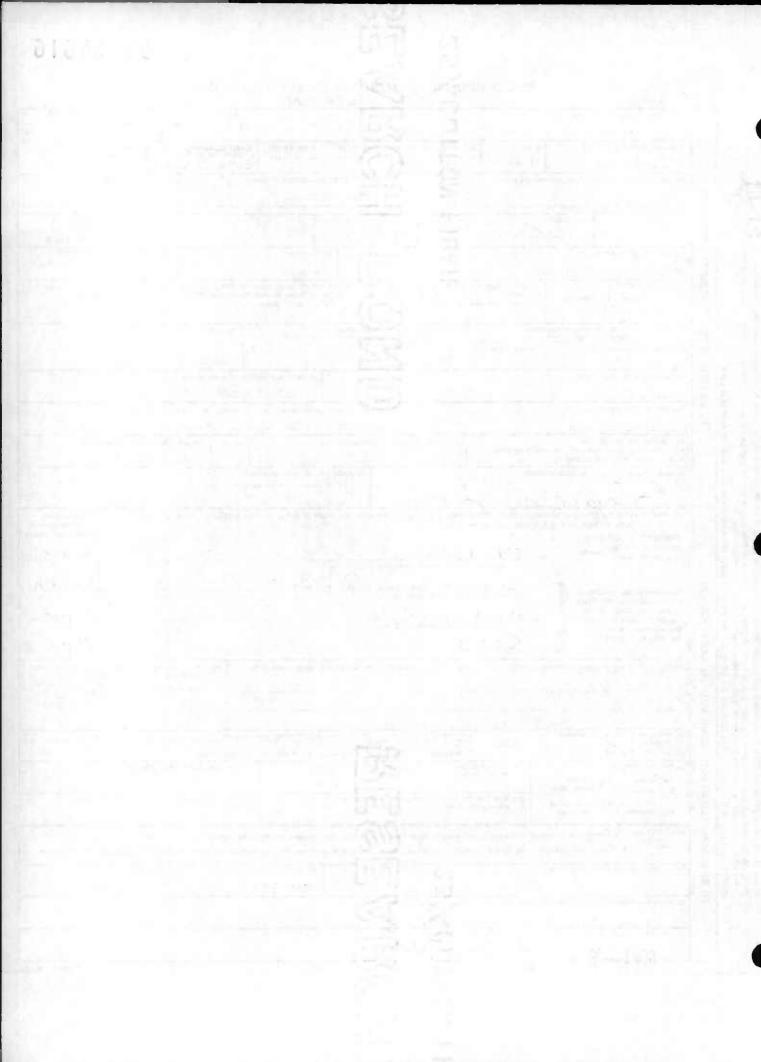
David Ratcliff, M.D. - Union Hospital of Cecil County - Elkton, MD

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit per removal.	redical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MA			OF HEALTH AND	MENTAI	REG. NO.	an)	
1. DECEDENT'S NAME (First, Middle, Last Helen C Mos					2. DATE MONTO NOV		94 YE	3. TIME OF DEATH 4:28A
4. SOCIAL SECURITY NUMBER 237-10-4011	1 🗆 M 2 🛣 F	AGE (In yrs. lest birthde	MONTHS	DAYS HOURS MIN.	Sep	of BIRTH n, Day, Year) t 27 19	913 N	BIRTHPLACE (State or Foreign Country) orth Carolina
9a. FACILITY NAME (If not institution, give  Calvert Manor N  RESIDENCE OF DECEDENT	Harris of the same	e	31.00	sing Sun	DEATH		Cecil	
10a. STATE 10b. COUN MD Cec			city, town on Lkton	LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 3697 Telegraph	Rd	Di I	mil.	101. ZIP CODE 21921			10g. CITIZEN USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	H	AS DECENDENT OF HISP/ yes, specify Cuben, Mexic YES 2 X NO Spec	en, Puerto I	17 (Specify Yea Rican, etc.)	3.0	RACE — American Indian, Black, White, etc. Specify: 1116
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16m. DECEDENT (Give kind Me. Do NO	of work done du T use retired.)	CUPATION wring most of working		church/		
17. FATHER'S NAME (First, Middle, Last) Mack J Cook  19a. INFORMANT'S NAME (Type/Print)		406 24511	MG ADDRESS	18. MOTHER'S N Theres Street and Number or Rura	a Gre	en		
Linda J Thrash				graph Rá El				10)
20a. METHOD OF DISPOSITION 1 General 2 Generation 3 Res 4 Donation 8 General Other (Specify)	moval from State	20b. PLACE AND DA			994	1111	tonia	or Town, State
21. SIGNATULE OF THE RAL SERVICE L	ICENSEE C	Toodie	R	T Foard Fur 1 S Queen	neral		urı MD	21911
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. PLUY	on each line.		he mode of dying, au	ch aa cerd	flac or respin	atory arrest,	Approximata interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Cerelo DUE TO (O) a Atrol	R AS A CONSEDUENCE R AS A CONSEDUENCE	OF):	tecident				2 month
resulting in death) LAST	d. COP	0						There
PART II. Other eignificent condition	one contributing to de	eeth but not reeultir	ng in the und	erlying cause given in	n Part i.	24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (C	Check only on	10)		
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY 28b.	412 Nursi	Residence SC. INJURY AT WORK?  1 YES 2 ND		r (Specify) SCRIBE HOW IN	JURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a PLACE OF I	NJURY — At home, fam 2. (Specify)	m, street, factor	ry, office	28f. LOC. City	ATION (Street ar or Town, State)	nd Number or F	Bural Route Number,
	StCIAN: To the best of m							suse(a) and manner as stated.
30. NAME AND ADDRESS OF PERSON W	leidhu -	OF DEATH (ITEM 27) (	ime Print	D4437			29d. DATE SIG	GNEO (Month, Day, Year)
Chesapeake Fati	nily Practi	ce Dr. Jo	e Weid	ner, 101 Co	olonia	al Way	Risin	g Sun MD
NOV1 4'94	Julia Davi	don- Andell						



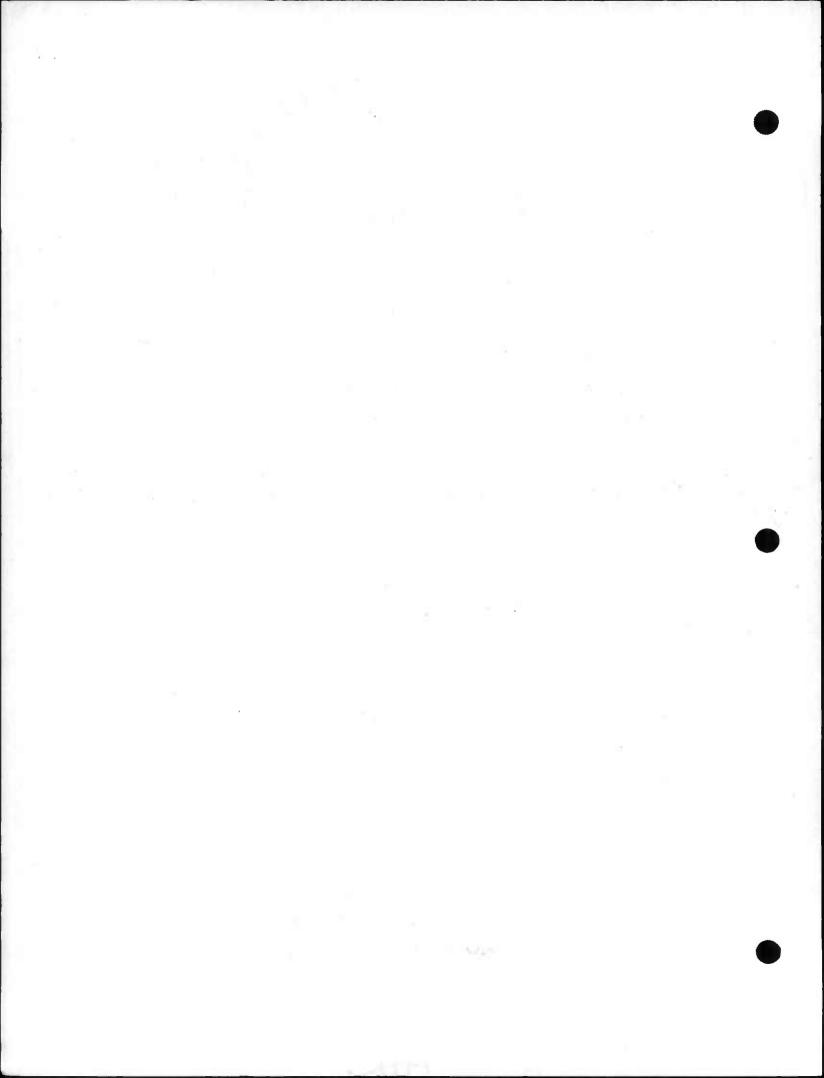


		Pages 1, 2, 3	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- CI	-01111	ICATE	I DEA	111	REG. NO			
	1. DECEDENT'S NAME (First, Middle, L WILEY ET		MOR	RIS				2. DATE OF DEATH DO NONTH DO	AY C	YEAR 3.	TIME OF DEATH
8	4. SOCIAL SECURITY NUMBER 288-24-190	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month) Day, Year)	- 27	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution,	rive street end number)			9b. CITY, TO	VN OR LOCAT	ION OF DE	ATH	9c. COUN	ITY OF DEAT	
DIRECTOR	Union Hospital		County			kton				ecil	
입	10e. STATE 10b. CO			10c. CIT	Y, TOWN DR LO	CATION				I 10	d. INSIDE CITY
	Maryland	Cecil		100	orth Ea					1	LIMITS?
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITI	ZEN DF WHA	T COUNTRY?
1 1 1	6 Yorktown Cour	t				2	1901		Un	ited	States
15	11. MARITAL STATUS		T EVER IN U.S. AR					IC ORIGIN? (Specify Yes	or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 1	10		YES 2 NO		n, Puerlo Ricen, atc.)		Black, W Specify:	White
	15. DECEDENT'S	EDUCATION	16a. DE	CEDENT'S	USUAL OCCUP	ATIDAL		16b. KIND OF BU	SINESS/IND	LICTRY	
COMPLETED	(Specify only highest	rade completed)	(G	ive kind of a	work done during	most of work	ng				ad au
1 2 1	Elementary/Secondary (0-12)	College (1-4 or 5	+)		al Open			Solid F		_	Sion
	17. FATHER'S NAME (First, Middle, Less	1	OII	CILLEC	ir ope			Manufac ME (First, Middle, Maiden			
	William Morri						1	et Littles	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)						-				
유	David Walker		,				1	Noute Number, City or Tow Vingo, MD	2191	_	
	20e. METHOD OF DISPOSITION 1  Burlet 2  Cremation 3  4  Donetion 5  Other (Specify)	Removal from State	cemetery cre	matony ne n	of DISPOSITION ther place)	.,		1		City or Town,	
	21. SIGNATURE OF PUNERAL SERVICE	E LICEMONTE /	INOTEN	Last	Meth	_ Ceme	tery	11/16/94	North	East	, Maryland
	11.19	1/2	_		Croi	ich Fü	nera	L Home			
	· Uloval	1,00	our		127	South	Mair	Street,	North	East	MD 21901
	23. PART i. Enter the diseases,	or complications the	t caused the de	ath. Do r	not enter the	mode of dy	Ing, such	as cardiac or reap	iratory arr	ent,	Approximata
	iMMEDIATE CAUSE (Final	ire. List Dnly Dne cau	ise on each line	).							interval Between Onset and Death
	disease or condition	Reco	must de la	4	4 (4)	110 4	Α.	colection			
	resulting in death)	DUE TO	(DR AS A CONSE	DUENCE O	F):	WE I	, , , , , , , , , , , , , , , , , , ,	spiration	<b>+</b> *		
N	Sequentially list conditions,	b. Lough									
CERTIFICATION	if any, leading to immediate										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c. Diale	tes Mu	lite							
片	that initiated events resulting in death) LAST				F):						1
#	Tooling III dodni, 220	d. ASCV	D. P	VI.				<u> </u>			
	PART II. Other significant cond	tiona contributing to	death but not r	eaulting	in the under	ying cauae	given in I	Part i. 24a. WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS
EDICAL								PERFOR	2		AILABLE PRIOR TO IMPLETION OF CAUSE
								1 YES 2	KNO		DEATH?
Σ	DID TOBACCO US	E CONTRIBUT	E TO CAU	SE O	DEATH	YES T	7 NC			1 (	YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA					L PLACE OF I					
200	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ 2004	OTHER:						
¥	27. MANNER DF DEATH	28e. DATE DE		28b. TIM		INJURY AT	esidence	8 Other (Specify)  28d. DESCRIBE HOW I	N ILIBY OCC	TIPED	
1 1	1 Netural 5 Pending	(Month, D	lay, Year)	IN	URY	WORK?	7 NO	200. DESCRIBE HOW I	NJUNY OCC	OHED	
B	2 Accident Investigat	28a PLACE O	F INJURY — At ho				_ NO	ACT   00471011 (0)	- 141 - 1	0 10	
	3 Suicide a Could not	building.	atc. (Specify)	me, wrm,	surset, ractory,	OTTICE	- 1	28f. LOCATION (Street of City or Town, State)	and Number	or Rural Rout	e Number,
								-			
COMPLET		HYSICIAN: To the best of winer: Dn the bests of e									4
8				- Jangerit	my opinic						
띪	296. SIGNATURE AND TITLE OF CERT						ENSE NUM		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAU	RE DE DEATH #==	H 270 (7)	0	1)6	762	-3		<u> </u>	94
	Jui Chih				West	ma	un s	st Isl	Ktor	ИН	1. 21911
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A'S SIGNATURE		77-7	11 0		. 0	-1410	FIU	
	NOV1 5 '94	John David	son- Ande	82							
		0									DHMH.16 Pay 1/80



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:HIIF	ICATE (	OF I	DEATH	R	EG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	1401						2. DATE OF I	DEATH	ıγ	YEAR	3. TIME OF OEATH
- 0	LOIS JEAN MECHE							OCTOBI	ER 29	, 1	994	9:55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birtnday)	IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da			6. BIRTI	HPLACE (State or Foreign
	214-26-8360	1 M 2 X F	65	YRS.	MONTHS (A	MIS	HOURS WIN.	JULY (	5, 19	929		ŃSYLVANIA
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TO	OWN OF	LOCATION OF DE	ATH		9c. CO	INTY OF C	DEATH
DIRECTOR	GARRETT COUNTY ME	EMORIAL H	OSPITAL		0.	AKL.	AND			GA:	RRET	Γ
5	RESIDENCE OF DECEDENT											
ᇤ	10a. STATE 10b. COUNTY				Y, TOWN OR L	LOCATIO	DN					10d. INSIDE CITY LIMITS?
		SARRETT		OAK	LAND							1 YES 2 NO
₹	10e. STREET AND NUMBER					10f. :	ZIP CODE			10g. Cl	IZEN OF	WHAT COUNTRY?
	RT. 1 BOX 810					1 2	21550			Į	JSA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARI	MED			NDENT OF HISPAN			or No-	14. RACI	E — American Indien, k, While, etc.
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W		U			Ify Cuban, Maxical NO Specify		1, atc.)		Spec	elfy:
	3   Widowed 4   Divorced	<u> </u>										WHITE
핃	15. DECEDENT'S EOUR (Specify only highest grade		16s. DE	CEDENT'S	USUAL OCCU	JPATION	of working	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	life.	Do NOT us	se retired.)		-					.
MP	12		RE	CEPT	IONIST	r		ME	DICA	T OF	FICE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA		.,			
BE	JOHN HENRY HUNT,	JR.					ESTHER	MAY BU	IRNWC	RTH		
TO B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (S	treet and	d Number or Rural F	Route Number, C	City or Town	n, State, Z	ip Code)	
F	JOE MECHEM			RT.	1 BOX	X 8:	10 0	AKLAND	, MI	21	550	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rame				OF DISPOSITIO			DATE	20c. LO	CATION -	City or To	own, Stata
	4 Donation 5 Other (Specify)	oval from Stata	GARRE'	ratory or o	EMORIA	L G	ARDENS	11/1	OA	KLAN	D, M	ARYLAND
	21. SIGNATURE OF FUNERAL DERVICE LIC	ENSEE	4				ADDRESS OF FA	CILITY			3OX 2	
	→ -110. T)U	20	M00167		DIII	ост	THE CENTRE AT	HOME				
_	paceus 170	que					FUNERAL				-	ID 21550
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on each lina	•		a mou	a or cynig, suci	as Cardiac	or raspi	ratory a	1051,	Approximete Intervei Between Onset and Daath
CERTIFICATION	Sequentisily list conditions, if sny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEC	EUENCE OI	F):							
與		d		-								<u> </u>
	PART II. Other significent condition	s contributing to	death but not re	esulting	in the unde	rlying	cause given in	Part I. 24s	. WAS AN		246	. WERE AUTOPSY FINDINGS
2	Chronic obstruc	ctive pul	monary o	disea	ise				PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입								''	_ TES 2	ZE NO		DF DEATH?
Σ												1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 84 0	CE DF DEATH (Che					
ᅙ	EXAMINER?	HOSPITAL:	44.25.586.1.1		OTHER:	-						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Anpetient 2		28b. TIM			5 Residence					
	1 Natural 5 Pending	(Month, Di		INJ	URY	wor	K?	28d. DESCRII	BE HOW II	NJURY O	CURED	
À	2 Accident Investigation	280 BLACE O	E IN ILIPA As her				S 2 NO					
유	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At horate, (Specify)	me, recm, c	street, tactory,	, offica			N (Street a wn, State)	nd Numbe	er or Rural i	Route Number,
<u>.</u>												
COMPLETED		CIAN: To the best of	my knowledge, de	eth occurre	ed at the time.	, deta a	nd place, and due	to the cause(s	) and man	ner aa at	ited.	
S S	one) 2 MEDICAL EXAMINE	R: On the beels of a	remination and/or I	nvestigatio	n, in my opini	lon, de	ath occured at the	time, data and	place, an	d dua to t	the cause(	s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	00	11 ~			T	29c. LICENSE NUN	IBER		29d. DA	TE SIGNED	3 (Month, Day, Year)
BE	Donald	KKID	atern				D30035				10-3	
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type.	Print)		ענטטנע				10-3.	1-74
	Donald R. Richter		Rt#7 Box			an d	MD 211	550				
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	** + 70	vakl	and	, FID Z1.	,,,,,				
2	OCT 31 1994		den-Rard	10								
	7 7 100 1		- COURT BY THE PARTY OF	Carlle 1	_							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

SAME SAME

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with polysician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns from be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 0	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	v	YEAR	3. TIME OF DEATH
	Mary Patricia	McD	ONALD					Novem				12:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH W. Year)		8. BIRTHP Country)	LACE (State or Foreign
	174-03-1986	1 M 2 X F	81	YRS.	WONTHS	DAYS	HOURS MIN.			1913		sylvania
	9a. FACILITY NAME (If not institution, give st				9b. CITY		OR LOCATION DF DI			9c. COU	NTY OF DE	ATH
DIRECTOR	607 P St., Apt. 5	<u> </u>				Mt.	Lake Pa	rk			Gar	rett
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWH I	DR LOCAT	TION				1	10d, INSIDE CITY
Dia	MD	Garrett			Mt.	Lak	e Park				- 1	LIMITS?
7	10e. STREET AND NUMBER						I. ZIP CDDE			10g, CITI		AT COUNTRY?
ER/	607 P St., Apt. 5	5					2155	0				SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT OF HISPAI		pecify Yas	or No—	14. RACE -	- American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FDRCES? 1	YES 2 XN	10			ecify Cuban, Maxica 2 XNO Specif		n, atc.)		Black, Specify	White, atc.
					<u> </u>						. ,	White
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G/	CEDENT'S	vork done	during mo	ON ost of working	16b. KIA	ID OF BUS	SINESS/INC	DUSTRY	
드	Elementary/Secondary (0-12)	College (1-4 or 5 +	ine.	Do NOT us								
M	17. FATHER'S NAME (First, Middle, Last)			Оре	rato	or				one (	.0.	
ŏ	Patrick	Bak	or				18. MOTHER'S NA		le, Malden	Sumeme)	,	
BE	19a. INFDRMANT'S NAME (Type/Print)	Dak		. MAILING	ADDRES	S /Street /	Cathe		City or Town	a State 7ic		Burns
2	Thomas J. McDonal	d					50, Swan					1
	20a. METHOD OF DISPOSITION		20b. PLACE A								City or Tow	
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	St. Ma	matory or or	her place)	alen	e Cemete	1				nsylvania
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRESS OF FA	CILITY		IIdli	, 1011	iis y I vali I a
	D R. O. V	100	()				ewart Fu					
	23. PART i. Enter the diseases, or c	omolications that	caused the de	ath Dor	ot enter	3Z	S. Seco	nd St.	, Oa	kland	d, MD	
	shock, or heart fallure. I	List only one caus	se on each line		011601	the me	de or dying, auc	ii aa caldiac	or reap	ratory an	eat,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition	Chma	-i- Ob-4		•	D 1.	D	•				Onset and Death
-	resulting in death)		DR AS A CONSED			Puli	monery D	isease				Years
_		90.000			,	liov	ascular l	Heart 1	Dicar	200		Years
MEDICAL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate		DR AS A CONSEC			1104	abculul i	icale j	DISCO	136		rears
3	cause. Entar UNDERLYING CAUSE (Disease or injury	3.										
	that initiated eventa	DUE TO (	DR AS A CONSED	UENCE DI	7):							
<b>H</b>	de de la contraction de la con	l										-
-	PART ii. Other aignificant conditions	a contributing to	death but not re	esuiting i	n the u	nderlyin	g cause given in	Part i. 24	. WAS AN		24b. V	WERE AUTOPSY FINDINGS
S									PERFDR			WAILABLE PRIOR TO COMPLETION OF CAUSE
								''	110 2	7240		OF DEATH?
- 1								_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PI	ACE DF DEATH (Ch	eck only one)				
SIC	1 YES 2X ND	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA	OTHE		ne 5X Rasidenca	8 Other (Sc	pecify)			,
F	27. MANNER OF DEATH	28a. DATE DF (Month, Da		28b. TIM		28c. INJ		28d. DESCRI		NJURY DC	CURED	
BY	1 X Natural 5 Pending 2 Accident Investigation	(	,, ,,,,,		M		YES 2 ND					
	3 Suicide 8 Could not be	28e. PLACE DF building, a	INJURY — At hor	me, farm, s	treet, fac	tory, offic		281. LOCATIO	N (Street a	nd Number	or Rural Ro	ute Number,
H	4 Homicide detarmined							Only or A	wii, Stale)			
PLE	29a. CERTIFIER t CERTIFYING PHYSIC	CIAN: To the best of i	ny knowledga, de	th occurr	d at the t	time, data	and place, and due	to the cause(s	) and man	ner as atal	led,	
COMPLETED	2 MEDICAL EXAMINER											and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTY SER	11/11	10				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED (	Month, Day, Year)
	Jonald X	Kuhl	M				D300	035		•	11/5/	
임	JE NAME AND ADDRESS OF PERSON WHO											
	Dr. Donald Richt	ter, MD	Rt. 7,	Box	149	5,0	akland,	Maryla	nd	2155	0	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAF		-								
	INTERVED IN TURNE	E.L. F. 100		0.00								
	NOV 1 0 1994	HELLA WILL	iclean Rand	all								

# Amended # 19A, 11/15/94, L.S., Somerset Co. 94 34520. 1. STATE STATE STATE OF MARYLAND / DEPARTMENT OF MEDICAL CO. 94 34520.

A. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  5. SEX  6. SOCIAL SECURITY NUMBER  6. SEX  6. SOCIAL SECURITY NUMBER  6. SEX  6. SOCIAL SECURITY NUMBER  6. SEX  6. SOCIAL SECURITY NUMBER  6. SEX  6. SOCIAL SECURITY NUMBER  6. SEX  6. SOCIAL SEX  6. S	REGISTRAR		CERTI	FICALE O	F DEATH		REG. NO.		
217 - 36 - 095 8	1. DECEDENT'S NAME (First, Middle, Last		E.	Mil	IER	MONTH		YEAR	3. TIME OF DEATH
217-36-0958   1	4. SOCIAL SECURITY NUMBER							8. BIRTHP	LACE (State or Foreign
See CHICAGO OF DEATH SAME (FOR Internal part and marked) PENTINSULA RECTORAL MEDICAL CENTER  SALISBURY  SALISB			88 YRS.		HOURS MIN.			Country)	
Mary   And   Somerset   Somerse	98. FACILITY NAME (If not institution, given PENINSULA REGIO	NAL MEDICA	L CENTER					UNTY OF DE	ATH
Maryland Somerset    Princess Anne									
TO STEEM AND AUMENT AS TAYLUS  11. WAS DECEDENT S VEH IN U.S. ANSWED  12. WAS DECEDENT S VEH IN U.S. ANSWED  13. WAS DECEDENT S VEH IN U.S. ANSWED  14. WAS DECEDENT S VEH IN U.S. ANSWED  15. WAS DECEDENT S VEH IN U.S. ANSWED  16. WAS DECEDENT S VEH IN U.S. ANSWED  17. FATHERT'S NAME (Provinced  18. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE COUNTRY  19. DECEDENT'S SUBLACE			10c. C	TTY, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?
11. MANTAL STATUS   12. MAS DECEDENT STORY   12. MAS DECEDENT EVER NU.S. ANAMED   13. MAS DECEDENT QUESTION, STATUS   14. MAS DECEDENT QUESTION, MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   14. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MAS DECEDENT SHARE (PIR. MASS AND CONCERT)   15. MASS DECEDENT SHARE (PIR. MASS AND CONCERT)   16. MASS AND CONCERTS		erset	F	Princes	s Anne				1 YES 2 NO
11. MARTIL STATUS   Toll Move Married 2   Married   12. WAS DECEMENT EVER NU.S. ANJERO   TORCES   1   TES 2   TO   TORCES   1   TES 2   TO   TORCES   1   TES 2   TO   TORCES   TORCES   TORCES   TORCES   TES   TORCES   T	10e. STREET AND NUMBER				101. ZIP CODE		10g. Cl	TIZEN OF WH	HAT COUNTRY?
Securitarian   Securitarian   Poncess   1   Yes   2   1   1   1   1   1   1   1   1   1	11076 Stewart	Neck Ro	ad	4.15	21853			U	. S.
St. DECEDENT'S BUCATION   Telescope (14 or 5 +)   Te	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes,	specify Cubin, Mexic	en, Puerto Ric	(Specify Yes or No- can, etc.)	Black, Specify	White, atc.
College (H or 5-1)   Gave band of work cone during most of working working most of working most of working most of working w		I	Language						te
Farmer/Poultryman   Agriculture	(Specify only highest grad	de completed)	(Give kind o	of work done during	most of working	16b. K	(IND OF BUSINESS/IN	IOUSTRY	
11. MOTHER'S NAME (First, Mickin, Late)   12. MOTHER'S NAME (First, Mickin, Meldon Surramo)   13. MOTHER'S NAME (First, Mickin, Meldon Surramo)   14. MOTHER'S NAME (First, Mickin, Meldon Surramo)   15. MALLING ADDRESS (Street and Number or Rural Route Number, City or Rural, State, 25 Code)   11. MOTHER'S NAME (First, Mickin, Meldon Surramo)   15. MALLING ADDRESS (Street and Number or Rural Route, Number, City or Rural, State, 25. Man, 25.	Elementary/Secondary (0-12)	College (1-4 or 5 +)		the state of the s	1300				
OTATH MILLET  A lice Gibbons  The MALLING ADDRESS (Street and Number or Rural Route Number City or Rown, State, Zip Code)  Mrs. Audrew M. Dryden Miller  1076 Stewart Neck Rd, Princess Anne, Md. 2185; 289, METHOD OR DRIPSONTH NINeme of OATE 280, LOCATION - City or Town, State, 200, DRIPSONTH NINeme of OATE 280, DECAMBORATE OF TOWN OF TOWN, State 280, DRIPSONTH NINeme of OATE 280, LOCATION - City or Town, State 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, LOCATION - City or Town, State 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINeme of OATE 280, DRIPSONTH NINEME OF OATE 280, DR	9		Farme	er/Poul					
The Marker Rame (TyperPrint)  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Miller  The Marker Audrey M. Dryden Md. 2185  The Marker Audrey M. Dryden Md. 2185  The Marker Audrey M. Dryden Md. 2185  The Marker Audrey M. Dryden Md. 2185  The Marker Audrey M. Dryden Md. 2185  The Marker Audrey M. Dryden Md. 2185  The Marker Marker Md. 2185  The Marker Marker Md. 2185  The Marker Marker Md. 2185  The Marker Marker Md. 2185  The Marker Marker Md. 2185  The Marker Marker Md. 2185  The									
MTS. AUGREV M. Dryden Miller 11076 Stewart Neck Rd. Princess Anne, Md. 2185.  20s. METHOD OF DISPOSITION   Committee of Co		er			Ali	ce Gi	bbons		
20a. BEFFROD OF DISPOSITION   Part   20c. LOCATION - City or Town, Blass   20b. PLACE AND DATE OF DISPOSITION   Name of order places   Beechwood Cemetery   11/14 Pr. Anne, Md. 2185   21. SIGNATURE OF PUNERAL SERVICE LICENSEE   22. MAME AND ADDRESS OF FACILITY   Hinman Funeral Home   Princess Anne, Md. 21853   22. PART / Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval				NG ADDRESS (Street	t and Number or Rura	I Route Number	r, City or Town, State, Z	(ip Code)	
20a, BETHOO OF DISPOSITION   Convention 3   Removal from State   20b, PLACE AND ATS OF DISPOSITION   Name of contributing to death but not resulting in the underlying cause given in Part i.   VES 2   MAS CASE REFERRED TO MEDICAL EXAMINER?   To VES 2   MOSPITAL:   MOSP	Mrs. Audrey M. [	Oryden Mill	ler 11076	Stewar	t Neck Ro	d, Pri	ncess Ann	e, Md	. 21853
Approximate of Puneral Service Licensee  21. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Princess Anne, Md. 2185  22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Princess Anne, Md. 21853  23. PART yenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inherent inhered in death) Approximate and the death and another than a constitution on a children or respiratory arrest, inherent inhered in death)  25. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  29. PLACE OF DEATH (Check only only only only only only only only	200. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION					
22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Princess Anne, Md. 21853  23. PART I/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, linteval interv		mover from State			erv	111/	14 Pr. An	ne. M	d. 21853
23. PART I/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval inte	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	2230111100	22. NAME	AND ADDRESS OF F	ACILITY			2. 21000
23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval inter	<b>)</b> ()	. 1		Hi	nman Fune	eral H	ome		
Interval   Interval Interval   Interval Interval Interval   Interval Interval Interval   Interval Interval   Interval Inter	James J. V			Pr	incess Ar	ne. Mo	d. 21853		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATN 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined  28a. DATE OF INJURY At home, farm, street, factory, office 4 Nomicide  29a. CERTIFIER (Check only one)  25a. CERTIFIER (Check only one)  26b. TIME OF INJURY At home, farm, street, factory, office 27b. TIME OF INJURY At home, farm, street, factory, office 27c. MANNER OF OEATN 27c. MANNER OF OEATN 28a. DATE OF INJURY At home, farm, street, factory, office 27c. MANNER OF OEATN 27c. MANNER OF OEATN 28b. TIME OF INJURY At home, farm, street, factory, office 27c. MANNER OF OEATN 27c.	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	oue to (o	OR AS A CONSEQUENCE	ede c	u				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATN  1 Netural  28. DATE OF INJURY  1 Netural  3 Sulcide  4 Nomicide  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Month, Dey, Veer)  28. DATE OF INJURY  (Month, Dey, Veer)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Month, Dey, Veer)  28. DATE OF INJURY  M 1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Month, Dey, Veer)  28. DATE OF INJURY  (Month, Dey, Veer)  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. DATE OF INJURY  (Month, Dey, Veer)  28. PLACE OF INJURY  A Nursing Nome 5 Residence 8 Other (Specify)  1 YES 2 NO  28. DATE OF INJURY  M 1 YES 2 NO  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY OCCURED  28. DATE OF INJURY  MONTH, Dey, Veer)  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  29. CERTIFIER  (Check only one)  20. DATE OF INJURY AT WORK?  29. CERTIFIER  (Check only one)  29. CERTIFIER  (Check only one)  29. CERTIFIER  (Check only one)  29. CERTIFIER  (Check only one)  29. CERTIFIER  (Check only one)  29. CERTIFIER  (Check only o		d							1
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Netural  2 Accident  3 Suicide  4 Nomicide  28e. PLACE OF INJURY  4 Nomicide  29e. CENTIFIER  (Check only one)  29e. CENTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as	PART II. Other aignificant condition	one contributing to d	eath but not resulting	g in the underly	ing cause given in		PERFORMED?		WERE AUTOPSY FINDIP AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
EXAMINER?  1 YES 2 NO  1 Netural  2 Accident  3 Sulcide  4 Nornicide  2 Accident  3 Sulcide  4 Nornicide  2 Certiffer  (Check only one)  2 MEDICAL EXAMINER: On the beals of examination and/or investigation, and the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as	25. WAS CASE REFERRED TO MEDICAL			-	DI ACE OF DEATH #	Shook action 1			
27. MANNER OF DEATN  1	EXAMINER?		NT. T	OTHER:					
Natural   2   Accident   3   Sulcide   4   Nomicide   Securification   Sulcide   4   Nomicide   Securification   5   Pending Investigation   6   Could not be determined   Securification   6   Could not be determined   Securification   Securif									
3 Sulcide 4 Nomicide 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attented.  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Street)	1 Netural 5 Pending	(Month, Day,		NJURY	WORK?	28d. OESC	HIBE NOW INJURY O	CCUREO	
(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as	3 Suicide 6 Could not b	28e. PLACE OF building, at	INJURY — At home, farm c. (Specify)	n, street, factory, of	fice			er or Rural Ro	ute Number,
	(Check only								and manner as state
1375674 DULLE SIGNED (MONTH), Day, You									
	V() ()(	400			1374-1	7 6	290. 0	I SIGNED	MURITI, Day, 10ar)
30 NAME AND ACCORDES OF DEBSON WING COMMETTER CAUSE OF DEATH (IYEM 27) (Top Office	30 NAME AND ADDRESS OF BEDSON W	NO COMPLETED CAUSE	OF DEATH STEM OF C	ma (Print)	1.00	1			144
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  COCKEY  Solidary  A 2 (80)	TAT COCKE			UPV J	4,50	ياءنا	my, r	162	(80)



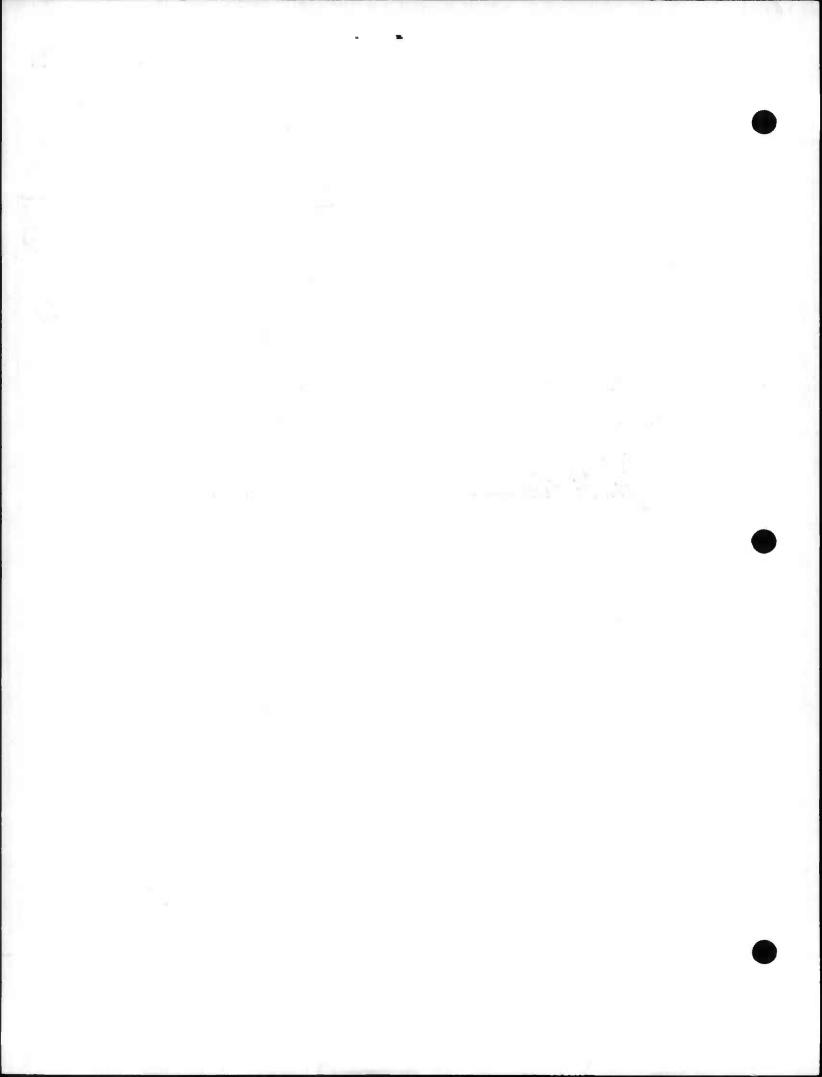
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Andrewal of march A) C BE LONG TO POWER OF SHEET AND COME TO BE SHEET AND COME TO BE SHEET AND COME TO

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the hospital or attending inhibitions.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the auristrumning the befiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the pure funding the movel.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAR CERTIFICATE OF D								
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATN							
1	GLORIA NORMA NICHOLS	November 4. 1994 7:45 P							
	250-48-8339 1 🗆 M 2 💢 F 63 YRS. MONTHS DAYS H	UNDER 24 HRS. 7. DATE OF BIRTN ON-10 Day, Year) ON-01-1931  ON-01-1931  S. BIRTNPLACE (State or Foreign Country) South Carolina							
DIRECTOR	99. FACILITY NAME (If not institution, give street end number)  SOUTHERN MARYLAND HOSPITAL CENTER  CLINTON  RESIDENCE OF DECEMENT	ocation of Death  PRINCE GEORGE'S							
E C	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY							
ā	Maryland Prince George's Temple Hill	S LIMITS? 1 YES 2 NO							
FUNERAL		CODE 10g. CITIZEN OF WHAT COUNTRY?							
NE I	5609 Middleton Lane  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEN	20748 USA  ENT OF NISPANIC ORIGIN? (Specify Yes or No.   14, RACE - American Indian.							
B≺	IS. INCO DECEM	Cuben, Mexican, Puerto Rican, etc.) Black, White, etc.							
딢	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of	Working 16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  1 Housewife								
AMC.		Domestic  MOTHER'S NAME (First, Middle, Meiden Surneme)							
EC	George S. Nichols Sr	Genevieve Williams							
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and	lumber or Rural Route Number, City or Town, State, Zip Code)							
۴		Lane Temple Hills, MD 20748							
	20e. METHOD OF DISPOSITION  1	DATE 20c. LOCATION — City of Town, State Clinton, MD 20735							
	21. SIGNATURE OF FUNCHAL SERVICE LICENSEE ALOO 1.70 22. NAME AND 2	DDRESS OF FACILITY DETWEIN Mortuary							
	4433 WI	nite Pls. La. White Pls., MD 20695							
	23. PARTO. Entar the diseases, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	of dying, such as cardiac or respiratory arrest, Approximata interval Between Onset and Death  Onset and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								
AL CI	PART ii. Other significant conditions contributing to death but not resulting in the underlying c	uaa given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
MEDICA		PERFORMED?  AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
	DID TORACCO USE CONTRIBUTE TO CAUSE OF DEATH AND	1 _ YES 2 _ NO							
IAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER?  1 VES 2 NO THER:  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home	☐ Residence 8 ☐ Other (Specify)							
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK: 1 YES	AT 28d. DESCRIBE NOW INJURY OCCURED 2 NO							
	2   Accident 3   Suicide 8   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and one)  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death								
BE	A A	c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Ba July 1							
	31. DATE FILED (MONTH, Day Year) 1994 32, REGISTRAN'S SIGNATURE								
		DHIAL 18 Day 1/80							



Œ
- 67
-
•
N-
-
8
10
•
><
$\mathbf{c}$
~
BOX 68760
-
-
U
P.0.
Lib.
IP.
CO
~
-
$\cap$
$\mathbf{\circ}$
15
$\mathbf{\mathcal{C}}$
111
-
00
RECORDS, I
_
-
•
_
-
-
1.1
OF VITAL
-
NOI
-
0
U
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Shours after death. Page 6 may be retained by the hospital	TO THE FUNEXAL UNEXCION: After risk endingse has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	---

STATE OF MARYLAND / DI	EPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CER	TIFICATE O	F DEATH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		ENTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Le CAF	RRIE L.			NOTHEY  2. DATE OF DEATH MONTH NUVEMS			DAY YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER  557-42-0224  98. FACILITY NAME (If not institution, git	1 🗆 M 2 🗆 F	83 YRS.	IONTHS DAYS HOURS	AYS HOURS MIN. (Month, Day, Year) Country)			TENNESEE		
	PENINSULA REGIONAL MEDICAL CENTER					WICO			
MD • V			Y, TOWN OR LOCATION SALISBURY			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🏋 ND			
10e. STREET AND NUMBER 35514 RAYN 11. MARITAL STATUS	IE RD.		101. ZIP CODE 21874			10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2X NO		an, Mexican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	ille. Do NOT use	rk done during most of work	ing	16b. KIND OF BUS	HOME	RY		
17. FATHER'S NAME (First, Middle, Last)  JAMES ANI					E (First, Middle, Maiden :				
19a. INFORMANT'S NAME (Type/Print) GLENN WHITT	TNGTON		FERHAM C						
20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF	DISPOSITION (Name of	1. 0		CATION — City			
4 Donation 5 Other (Specify)	21. SIGNATURE OF FUHDRAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
23_DART I. Enter the diseases.	BOUNDS FUNERAL HOME, SALISBURY, MD.  23 PARTY I. Enter the dispesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximete								
disease or condition resulting in death)	- a Dreulo	A CONSEDUENCE OF	ew)	,			Interval Between Onset and Dast Week		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	lona contributing to death b	out not resulting in	tha underlying cause	given in P	Part I. 24a. WAS AN PERFOR 1 TYES 2	ED?	24b. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF	DEATH (Chec	ok only one)				
1 VES 2 NO	HOSPITAL:		OTHER:						
27. MANNER OF DEATH  1 Hatural 5 Pending 2 Accident Investigation		26b. TIME INJU	M 1 YES 2		28d. DESCRIBE HOW IF	JURY OCCURE	ED		
3 Suicide 6 Could not	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fewn, State)								
10.100.101.1	IYSICIAN: To the best of my know						use(e) end manner as stated.		
29b. SIGNATURE AND TITLE OF CERTI	n M.D.		16	725	BER	29d. DATE SIG	INED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON  The Control of the	ANTE 54	7-D Ri	iersell p	r,5	alishur	,400	16816		
NOV 07 199	1 / 1 / 1 / 1	w Kardall							

\$25

TATISTAN DOINGS - LONG THE

NATIONAL PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY

A DO THE RESIDENCE OF THE PARTY

Tara da a cara yaron 1482 an Edulon

NOV-6.7 (384 SQL) Schoolsky

60, BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL OIRECTOR: be filed within 72 hours after	IMPORTANT: If Item 28 i

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	AIL OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Norton		NORTO	N	2. DATE OF DEATH	y 5	YEARY 10 5 2 M	
	4. SOCIAL SECURITY NUMBER 410-50-9064	1 □ M 2 🔀 F 8		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 11.		BIRTHPLACE (State or Foreign Country)  Alabama	
TOR	Se. FACILITY NAME (If not institution, give street and number),  FAILSTON GENERAL HOSPITAL  RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH  FALLS AND MA HAR FORD				Y OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Harford	10c. CITY,	TOWN OR LOCA	Bel Ai	r		10d. INSIDE CITY LIMITS?	
RAL C	100. STREET AND NUMBER 218 Crocker		101. ZIP CODE			1 ☐ YES 2 10g. CITIZEN OF WHAT COUNTRY			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	21014 ARIMED 13. WAS DECEMBENT OF HISPANIC ORIGIN			or No — 14	USA  4. RACE — American Indian,	
В	1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YE		If yes, s	pecify Cuben, Maxican S 2 NO Specify:	. Puerlo Rican, etc.)		Specify: White	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor ille. Do NOT use r Registe	k done during m	ost of working	16b. KIND OF BUS		oital	
	17. FATHER'S NAME (First, Middle, Last) Arthur (nmn) Sa	ndorg			18, MOTHER'S NAM	IE (First, Middle, Maiden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	IMELS	19b. MAILING AC	DORESS (Street	and Number or Rural Re	(nmn) Patt	n, State, Zip Ci	ode)	
F	Guy M. Norton 20a. METHOO OF DISPOSITION		719 Idl			Air, Mary			
	1 X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	emetary, crematory or other Mimosa	Cemet	ery 1	1/14/94 La		enceburg, Tenn.	
	21. SIGNATURE OF PHINERIAL SERVICE LIC	9. Du	cels	Howar		mas III Fu Road, Abi		Home, P.A.	
	23. PART I. Enter ha diseases, or o chock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. A the	ed the death. Do not each line.  O S C   G O h C A CONSEQUENCE OF):	entar the m	oda of dying, such	as cerdiac or reapl	ratory arres	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST								
	PART II. Other algorificent condition	s contributing to death	but not resulting in	the underlyle	a course alves In F				
MEDICAL	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Per					Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X								
ž [	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN	IURY AT DRK?	Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCU	RED	
B≼	1 Natural 5 Pending 2 Accident investigation 3 Suicide a Could not be	28s. PLACE OF INJUI	RY — At home, farm, stre	M 1 🗆	YES 2 NO	28I. LOCATION (Street a	nd Number or	Rural Route Number,	
LETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the ceuse(s) and menner as stated.								
COMPLETED	(Check only CEHTIFYING PHYSIC							cause(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Marh	Well 1	MD		29c. LICENSE NUME	522		HIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	2 No.	the Are	Bé	1 Air	21014	Md	1	
	NOV 1 4 1994	Jalia d'avel	ar Rardall						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Frous after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGIS
,	1. DECEDEN
	4. SOCIAL S
	9a. FACILITY
F	Mem RESIDEN 100. STATE
-	Mary]
	128
3	11. MARITAL  1 Never I  Wildown
ŀ	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

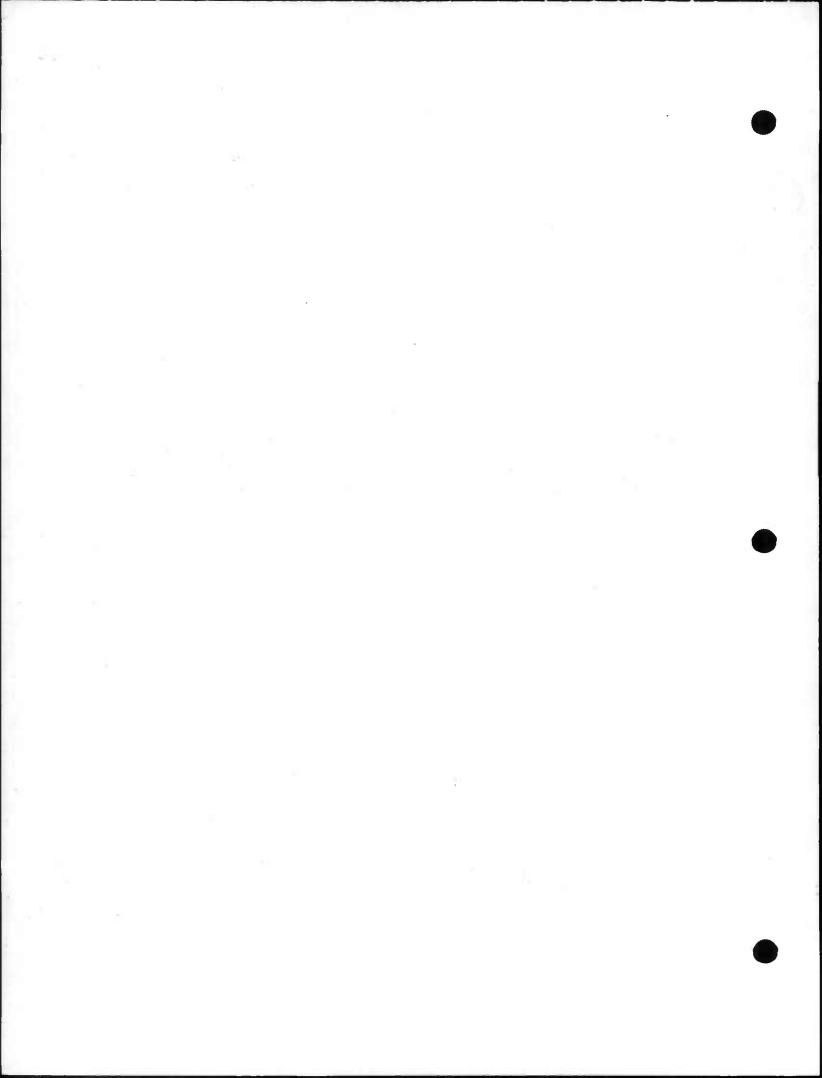
	REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		- 2007-212			2. DATE	E OF DEATH	ıv.	YEAR	3. TIME OF DEATH	
	GEOF	RGE	F. NO	OLAN	Sr.		No	2.0		94	3:00 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTHP	LACE (State or Foreign
	216-30-1780	1 XM 2 - F	61	YRS.	MONTHS DAYS	HOURS MIN.		th, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF DE		.0702	9c. COU	NTY OF DE	
8	Memorial Hosp	oital		_	Cumbei	rland			Δī	lega	any
Ĕ	RESIDENCE OF DECEDENT								1 222	1090	XII y
DIRECTOR	10e. STATE 10b. COUNT				TOWN OR LOC						10d. INSIDE CITY LIMITS?
		llegany			Mt. Sav	age					YES 2 NO
¥	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITI	ZEN OF WI	IAT COUNTRY?
FUNERAL	12815 New Row N	·W.				21545				U.S.	A.
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 TO YE			13. WAS DE	CENDENT OF HISPAN pecify Cuben, Mexico	VIC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES			S 2 K NO Specify		Hican, etc.)		Specify	
		Korean&Vie									ite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Giv	EDENT'S I to kind of w Do NOT use	USUAL OCCUPAT	ION lost of working	1ak	b. KIND OF BUS	SINESS/INC	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	17765. 4		1111	Seargent		77 6	Ann		
N N	17. FATHER'S NAME (First, Middle, Last)			Ph.L.	rreary	- Co.			. Ar	шу	
		mb M.	7			16. MOTHER'S NA				0 1	
BE	John Jose  190. INFORMANT'S NAME (Type/Print)	ibu Mc	olan	****		Beatri				fenba	ugn
2	Myra Nolan					and Number or Rural I					04 51.5
	204 METHOD OF DISPOSITION					w N.W. Mt					
	1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE AI cemetery, crem	ND DATEO	r DISPOSITION (A	Rocky Gap	DAT	20c. LO	CATION —	City or Tow	n, State
	4 Donation 5 Other (Specify)		MG. V	evera		NO ADDRESS OF FA		.0/194 F	TINU	stone	, Md.
	-11-	100	/		22. NAME /	INO ADDRESS OF PA	GLIIY	Durst	Fune:	ral H	ome
1100	John /	Hung	-		57 F:	rost Aven	ue F	rostbu	rg,	Md. 2	1532
	23. PART X. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory streat, shock, or haert failure. List only one ceuse on each line.  Approximata Interval Retween										
	IMMEDIATE CAUSE (Final	cist only one cedae of	eech iine.								Interval Between Onaet and Daath
Ì	disease or condition resulting in deeth)	•	lun	6							
- 1	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially that conditions b. Brain mets										
CERTIFICATION	of sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury										
# 1	thet initiated evente OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
#	d										
	PART II. Other eignificant condition	s contributing to deet	h but not re	auiting is	tha underlyla	a ceuse alven in	Part i.	24a, WRS AN	AUTOPSY	24h V	PERE AUTOPSY FINDINGS
DICAL		- 35			,		8.70	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
III III	-						-	1 THE 2 NO			OF DEATH?
Σ	DID TODACCO LIST CONT	DIDLETT TO CALLET	05.05.45		tof F	7				,	☐ AER S ☐ NO
A I	DID TOBACCO USE CONTI	KIBUIE IO CAUSE			-		۷Ц				
PHYSICIAN:	EXAMINER?	HOSPITAL:	Secretary and	1020077	OTHER:	100000000000000000000000000000000000000					
₹	27. MANNER OF DEATH	28e. DATE OF INJUR	-	25b. TIME		ne S 🗆 Residence	-	-			
	1 Natural 5 Pending	(Month, Day, Yea	9	INJE	RY W	JURY AT ORIKT	28d, DE1	SCRIBE HOW I	LIUMY OCC	CUMED	
₽	2 Accident Investigation	28s. PLACE OF INJU	my - At hom	a farm of		YES 2 NO	201 ( 00	METAL IN			
	3 Suicide 6 Could not be 4 Homicide determined.	building, etc. (5	pecify)	en, marin, so	rees, rectory, orn		City	or Town, State)	nd Mumber	or Hunte Hou	ite Number:
COMPLET	29a, CENTIFIER . W		1		Service and						
를	(Check only 1 A CERTIFYING PHYSI	CIAN: To the best of my kn									
8	one) 2 MEDICAL EXAMINER: On the basis of exemination unfor investigation, in					n, in my opinion, death occured at the time, date			d due to th	e cause(x) o	and menner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	1+ 1				29c. LICENSE NUM			29d. DATE	. /	Acres Day Wars
5	VIJa	- CUY				D 367	66		P	14/14	147
-	Dr. V. Poonai,	955 Fred	DEATH (ITEM	27) (Type,	Print)	herland	M	id .	2150	)2	
					., cui						
	31. DATE FILED (Month, Day, Year) NOV 1 5 1994	La Skuttage N	WO GAS								
	((O 1 T 0 1007)	To the second se									

p A 1 1 1 

Z	7	rmit. Pages 1, 2, 3
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit pe
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

ir death. Page 6 may be retained by the host	he funeral director, page 5 should be detache	al.	examiner must be notified at once.	
TO THE HUSPITAL DRIVILLANDING PHYSICIAN: THE Taw requires that the death certificate be executed with the hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

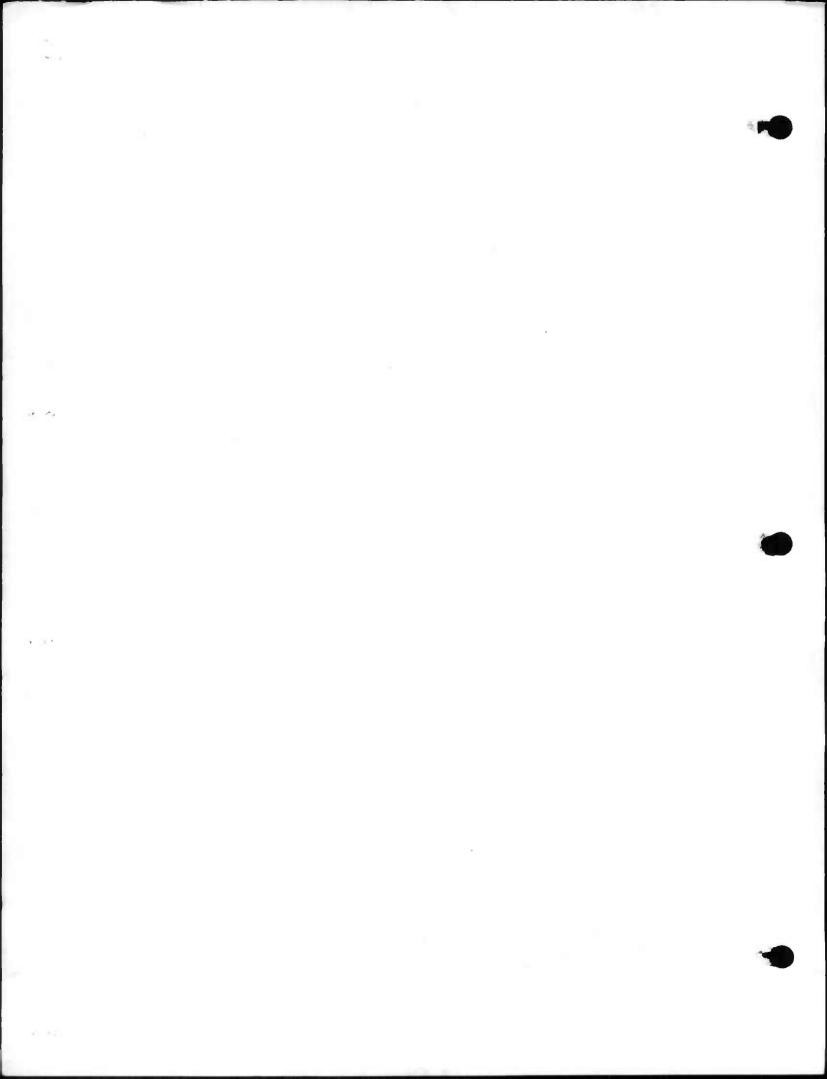
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Ann Ne	24)			2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-17-3000	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	IMPLACE (State or Foreign and Stand	
OR	9a. FACILITY NAME (II not institution, give s Interstate 70	street and number)		city, town o	R LOCATION OF DEA	177	9c. COUNTY OF Washir		
DIRECTOR	nesidence of decedent 100. STATE 100. COUNT Maryland Fred	ty 10c. CITY, TOWN OR LOCATION Frederick			ON	10d. INSIDE CITY LIMITS?			
COMPLETED BY FUNERAL I	100. STREET AND NUMBER 1200 Alban Court				ZIP CODE 21702		10g. CITIZEN OF U.S.A.	1XXYES 2 ☐ NO WHAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yea, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:			a or No-  14. RACE — American Indian, Bleck, Whita, etc.  Specify White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (t-4 or 5 +)  Stude			ork done during most of working retired.)			SINESS/INDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Ronald Lee NEAL						(First, Middle, Meiden Surneme)  n Louise RIDGLEY		
10	198. INFORMANT'S NAME (Type/Print)  Marilyn L. Neal  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1200 Alban Court, Apt. 1C, Frederick, Md. 21702					Md. 21702			
	20a, METHOD OF DISPOSITION 1 X Burla! 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Real from State	D. PLACE AND DATE OF DI netgry, crematory of other is Sthaven Memo	rial Gar 22. NAME AN Keene	dens Novem of ADDRESS OF FACE y and Bas	ber 10, 1994 sford P.A.	Funera	k, Maryland	
RIPICATION	23. PART I. Enter the diseeses, or shock, pr heert feliure.  IMMEDIATE CAUSE (Finel diseese pr condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese pr injury that initiated events resulting in death) LAST	e	TURE SKUL A CONSEQUENCE OF):				atory arrest,	Approximate Interval Between Onset and Death	
BY PHYSICIAN: MEDICAL CE	PART II. Other eignificent condition	is Contributing to death b	out not resulting in the	ne underlying	ceuse given in F	Part I. 24a. WAS AN PERFORI	MED?	ID. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	INER? HOSPITAL: OTHER:							
	27. MANNER OF DEATH  t Netural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be	28b. DATE OF INJURY (Month, Day, 'ben')  28b. TIME OF INJURY  28b. PLACE OF INJURY — At home, farm, street, fe			URY AT RK7  ES 2 NO H, T L, CA-R  281. LOCATION (Street and Number or Rural Route Number,			Route Number,	
COMPLETED	4 Homicide building, etc. (Specify)  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) end menner as stated.								
۳ ا	One)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation. In my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  29b. SIGNATURE AND TITLE OF CENTERED  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE		VorThe	is Av	HAGIN	NO!	· hel	
	31. DATE FILED (Month, Day, Year) NOV 0 9 195	32. REGISTRAR'S SIGN			- ///	111/6			



ě		
al-transit		
e		
ass i		
Š		
9		
detached		once.
8		100
DINOUS C		notified
3500		be
Lector,		must
וחוובוקוח		event, the medical examiner must be notifi-
II by tree	removal	edicai
ng	0.	Ē
1	ation	the
DIGE	, crematic	vent
3	rial,	3
5	20	mati
2	ior t	200
3	6 0	Pr t
2	gien	the other
2	౼	6
100	enta	Š
1	N P	Ē
9	and a	July 1
Sign of	Health and	14.00 M
100	0	sho
000	Dept.	23
- Care	State	ked, or item 23 shows any injury, or other traumatic ev
100	the	6
2000	with	ked,
I I I	Jeath wil	mar

. . . . .

		FOR	CTATE OF MA	INVIAND / DEDAK	THE DE LICENTE	TO AND MENT		
-		1 - STATE REGISTRAR	SIAIE UP MA	CERTIF	TIMENT OF HEALTH	H AND MENIA	AL HYGIENE REG. NO.	
1		1. DECEDENT'S NAME (First, Middle, Last)	C. Ni	KON		2. DAT	E OF DEATH	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR IF UNDI		E OF BIRTH s	BIRTHPLACE (State or roman
8	DIRECTOR	9a. FACILITY NAME (If not institution, give si			9b. CITY, TOWN OR LOCAT	TION OF DEATH	Se. COUNT	Y OF DEATH
		RESIDENCE OF DECEDENT	OIIVG U	IK.	KIRISTY	TKMDIKE	VENILE M	UEEN ANNES
		10a. STATE 10b. COUNTY	INKNOW	10c. CIT	ANBURU		The state of the	10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
	VERAL	100. STREET AND NUMBER,	AVENUE		101. ZIP CO	21617	10g. CITIZE	N OF WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS  1  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT	OF HISPANIC ORIG	iN? (Specify Yea or No.— 16 o Rican, etc.)	Black, White, etc.
	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during most of work se retired.)	lding 16	6b. KIND OF BUSINESS/INDUS	STRY
Ce.	COMPLE	Elementary/Secondary (0-12)	NONE		MEMAKER			TAKER
d at on	BE CO	17. FATHER'S NAME (First, Middle, Last)			18. MO	THER'S NAME (First,	Middle, Maiden Surname)	
notifie	5	19a. INFORMANT'S NAME (Type/Print)	XON)	196. MAILING 273	ADDRESS (Street and Number	er or Rural Route Nur	R A A A	AM/i M
nust be		20s, METHOD OF DISPOSITION  Buriel 2	oval from State		OF DISPOSITION (Name of ther place)	20111/	10.	X1401
liner n		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY						
Ехап		BARBARA A	A. WILLIA	MS OWNER	JOHN T.	William Sville R	d BRUNSG	id MD21716
edica		23. PART i. Enter the diseases, or c	complications that a			20 1110 -	- The second second	
a l	- Ik	snock, or neert isliure.	List only one couse	aused the deeth. Do r on each line.	not enter the mode of d	ying, such as ca	rdiac or respiratory arres	t, Approximate
-1		iMMEDIATE CAUSE (Final	List only one ceuse	on each line.		ying, such as ca	rdiac or respiratory arres	t, Approximate interval Batween Onset and Death
event, 1		iMMEDIATE CAUSE (Final	List only one ceuse	on each line.	PUNCM	ying, such as ca	rdiac or respiratory arres	t, Approximate interval Batween
matic event, 1	NOI.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. C MC4 DUE TO (OR	on each line.	e Puncung	ying, such as ca	rdiac or respiratory arres	t, Approximate interval Batween
or traumatic event, 1	ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. C TWO OR  DUE TO (OR  DUE TO (OR	R AS A CONSEQUENCE OF	e Puncing	ying, such as ca	rdiac or respiratory arres	t, Approximate interval Batween
5	RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	a. C TWO OR  DUE TO (OR  DUE TO (OR	I C NOM IA	e Puncing	ying, such as ca	rdiac or respiratory arres	t, Approximate interval Batween
5	핑	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF	e Puncina Fi:	ylng, such as ca	rdlac or respiratory arres	t, Approximate interval Batween Onset and Death
0	핑	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR	AS A CONSEQUENCE OF	e Puncina Fi:	ylng, such as ca	24a. WAS AN AUTOPSY PERFORMED?	Approximate interval Batween Onset and Death STMS
hows any injury, or	MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF	e Puncina Fi:	ylng, such as ca	rdiac or respiratory arres	t, Approximate interval Batween Onset and Death  SYNS  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
23 shows any injury, or	AN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF	P.V.C.C.C.F.:	given in Part i.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	t, Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Item 23 shows any injury, or	SICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CHACH I  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	R AS A CONSEQUENCE OF	F VALCING F):  F):  In the underlying ceuse  26. PLACE OF I	given in Part i.	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	t, Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or	SICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	b. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	ON EACH LINE.  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A	P:  F):  26. PLACE OF 0  OTHER:  E OF 28c. INJURY AT	given in Part i.  DEATH (Check only of Residence 8 - Oth	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	Approximate interval Batween Onset and Death  SYAS  24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
marked, or item 23 shows any injury, or	BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	a. CHACH I DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. HOSPITAL: 1   Inpetient: 2   ER   28e. DATE OF INJ   (Month, Day, )	AS A CONSEQUENCE OF AS A C	PINCLING  F):  26. PLACE OF I  OTHER: 4 Mursing Home 5   R  WORK? M 1   YES 2	given in Part i.  DEATH (Check only of Residence 8 Oth	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
28 is marked, or item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 29 Accident investigation 3 Suicide 8 Could not be determined	a. CHACH I DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. HOSPITAL: 1   Inpetient: 2   ER   28e. DATE OF INJ   (Month, Day, )	ON each line.  I A S A CONSEQUENCE OF AS A CON	PINCLING  F):  26. PLACE OF I  OTHER: 4 Mursing Home 5   R  WORK? M 1   YES 2	given in Part i.  DEATH (Check only of Residence 8 Oth 28d. DE NO 28f. LO)	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
28 is marked, or item 23 shows any injury, or	D BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation investigation determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A C	PUNCONC.  F):  26. PLACE OF (  OTHER: 4 Nursing Home 5   R  E OF 28c. INJURY AT WORK? 1   YES 2 [  street, factory, office	given in Part i.  DEATH (Check only of Residence 8 Oth City On City Oth City Oth City Oth Oth Oth Oth Oth Oth Oth Oth Oth Oth	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  SCRIBE HOW INJURY OCCUPATION (Street and Number or yor Town, State)	Approximate interval Batween Onset and Death SIMS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IPORTANT: If Item 28 is marked, or item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 D NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation investigation determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A C	FUNCIONE  F):  26. PLACE OF I  OTHER: 40 Nursing Home 5 R  E OF WORK? 1 YES 2 R  Street, factory, office	given in Part I.  DEATH (Check only of Residence 8 Oth 28d. DE City)  e. and due to the caured et the time, date centred et time, date centred et the time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date centred et time, date cen	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  CATION (Street and Number or or Town, State)  Ruse(s) and manner as stated. e and place, and due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IPORTANT: If Item 28 is marked, or item 23 shows any injury, or	COMPLETED BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation investigation determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	DUE TO (OR  DUE TO	AS A CONSEQUENCE OF AS A C	PUNCONC.  F):  26. PLACE OF (  OTHER: 4 Nursing Home 5   R  E OF 28c. INJURY AT WORK? 1   YES 2    Rirest, factory, office  at the time, date and place n, in my opinion, death occur  29c. LIC  D -	given in Part i.  DEATH (Check only of the Check only only only only only only only only	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  CATION (Street and Number or yor Town, State)  suss(a) and manner as stated, e and place, and due to the c	Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RED  RIVER Route Number,
IPORTANT: If Item 28 is marked, or item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL CEI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR  DUE TO	AS A CONSEQUENCE OF AS A C	Print)  Print)  Print)  Print)  Print	given in Part i.  DEATH (Check only of the Check only only only only only only only only	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  CATION (Street and Number or yor Town, State)  suss(a) and manner as stated, e and place, and due to the c	Approximate interval Batween Onset and Death STALS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RED  RIVER Route Number,



~
-
0
687
$\times$
0
$\circ$
BOX
_
-
O
P.0
Д.
-
10
97
~
щ.
0
~
$\circ$
RECORD
=
U.
ITAL
$\triangleleft$
_
_
_
ti -
OF
Z
$\overline{}$
$\circ$
-
U)
/IS
DIVISION
_

		permit. Pages 1.	
BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Process, with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ie medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDIMG PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH David Grant Poole, Jr. 4,1994 November 2338 7. DATE OF BIRTH
(Month, Day, Year)
December 21, 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 F YRS 1938 Washington DC 220 34 8216 55 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Calvert Memorial Hospital Calvert DIRECTOR Prince Frederick RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Calvert Lusby 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1226 Golden West Way 20657 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, It yes, specify Cuben, Mexican, Puerto R 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify white BY 3 Widowed 4 Divorced 1959-1960 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION 18b. KINO OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 12 Finance Officer C.I.A. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Grant Poole, Sr. Mary Poore BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Beverly R. Poole 1226 Golden West Way Lusby, Maryland 20657 20a. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of 11/9954 Marry Candor Verter rans Cemetery 20c. LOCATION — City or Town, State Cheltenham P.G. Maryland 4 ☐ Donetion 5 ☐ Other (Specify) \_ 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BRaus d 4405 Broomes Is, Rd. POrt Republic Maryland 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heert failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death HEART disease or condition CONGESTIVE 3month resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CARDIOMYOPATHY IS CHEMIC CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO \ UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? YES 2 NO HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

D29657

30. NAME AND ADDRESS OF PERSON PHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Charles Judge, M.D., Prince Frederick MD. 20678 31. DATE FILED (Month, Day, Year)  $NOV - 7 \quad 1994$ 22. REGISTRAR'S SIGNATURE Talia Davidson Randall

29b. SIGNATURE AND TITLE OF CERTIFIER

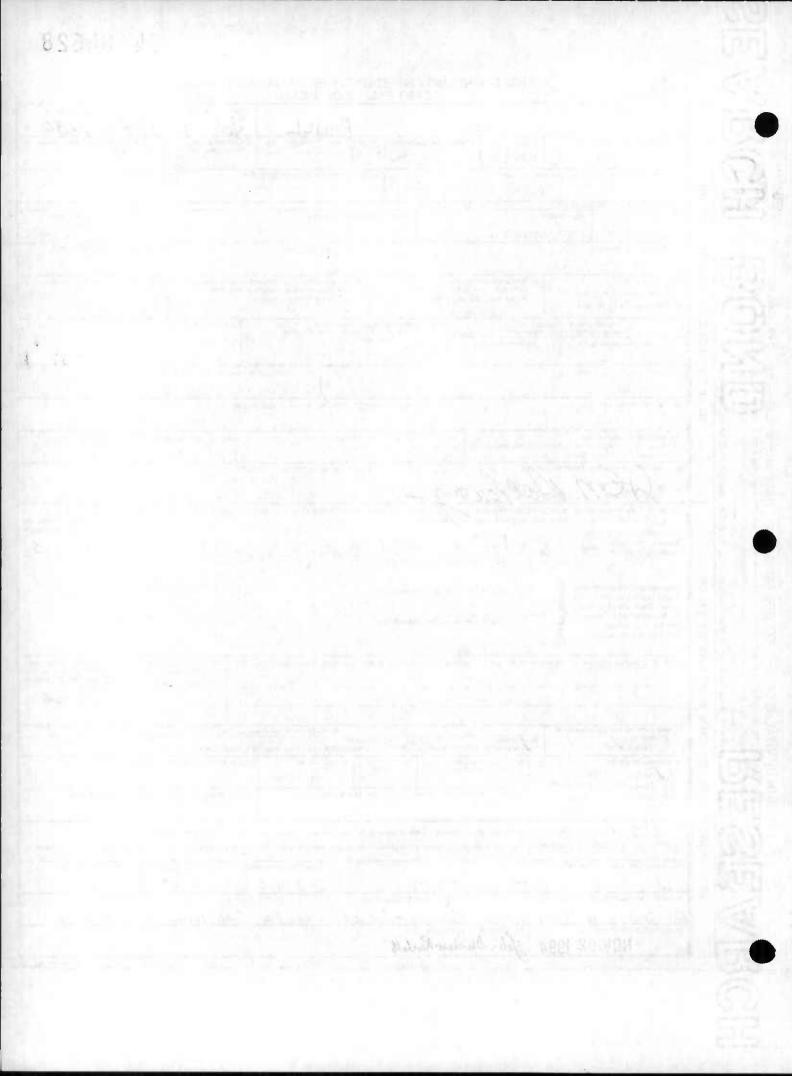
BE

2

29d. DATE SIGNED (Month, Day, Year)

2 2 9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the tuner of the tribing that the certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. or health and Mental Hygiene prior to burial, creatment, or removal.

1 -	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND		GIENE G. NO.	
	DOUGLAS	GEORGE		PA	<del>Jull</del>	2. DATE OF DE	jar 199	3. TIME OF DEATH
	572-60-8707	1 🔀 M 2 🗆 F	E (In yrs. lest birthday) 49 YRS.	IF UNDER 1 YE		10.4	Year)	BIRTHPLACE (State or Foreign Country) California
S S	FACILITY NAME (If not institution, give PENINSULA REGIO		CENTER		UN OR LOCATION OF	F DEATH	9c. COUNTY WICC	OF DEATH OMICO
	esidence of decedent  state  California  street and number	Orange	1000	ba Lin	da			10d. INSIDE CITY LIMITS? 1 YES 2 NO
LERA	24650 Via Melin	da		Č pr	101. ZIP CODE 9268	6	USA	OF WHAT COUNTRY?
₩ 3 [	MARITAL STATUS  Never Married 2 🔀 Merried  Widowed 4 🗍 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YE IF YES, GIYE WAR OR Army	S 2 NO	It yes		SPANIC ORIGIN? (Specifican, Puerto Rican, Poecify:	atc.) 14.	RACE — American Indian, Black, White, atc. Specify: White
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u  Probat:	work done during se retired.)	most of working		of Business/indust	
m D		George	Paull		Bon	NAME (First, Middle, nie Caroli	ina Emma	Risa
0 "	Nancy Jane Paul	.1					inda, CAli	
20a 1 D	a. METHOD OF DISPOSITION  X Burlat 2 Cremation 3 Ra  Donation 5 Other (Specify)	2	0b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE	20c. LOCATION — City	
21.	SIGNATURE OF FUNDINAL SERVICE	Jol In 72		22. NAM Ho	11 oway F	uneral H	ome	y, MD 21801
IM dia	shock, or heart feilure important cause (Fine sease or condition seuting in death)	s. List only one cours on	each line.	ial	Adam	two	or respiratory arrest	Approximate interval Betwoonset and Dourse
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
	ART II. Other algnificent condition	one contributing to death	but not resulting	in the under	ying ceuse given		WAS AN AUTOPSY PERFORMED? YES 2 W NO	24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
ž _	WAS CASE REFERRED TO MEDICAL							1 🗆 YES 2 🖫 👫 O
VSICI	EXAMINER?	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	5. PLACE OF DEATH Home 5 $\square$ Resider	nce 8 Other (Spe	city)	
ā	MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigatio	28a. DATE OF INJUR (Month, Day, Year	Y 285. TIN	JURY	INJURY AT WORK?		E HOW INJURY OCCUR	DED
0 3	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, larm, pecify)	street, factory,	offica	281, LOCATION City or Tow	(Street and Number or Inn., State)	Rural Route Number,
COMPLETE	opei	YSICIAN: To the best of my kn NER: On the basis of sxamins						ause(s) and menner as state
296	SHONATURE AND TITLE OF CERTIF CHANGE AND ADDRESS OF PERSON	1 + The	ged DEATH (ITEM 27) (S-	Print	29c. LICENSE D 30 7		29d. DATE S	IGNEO (Month, Day, Year)
B	ENJAMIN H. M.	EYER MD. (	DUINCY + A		STREET	s. Salis	bury, me	1.21801
	NOV 03 199	94 Julia Davie	Gon-Randall					



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF DEATH		3. TIME OF DEATH
	WILLIAM	RICHARD		PA	RRY		MY 1994	11:20 A. M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7 DATE OF BIRTH	,	BIRTHPLACE (State or Foreign Country)
	219-14-5007	1⊠ № 2 🗆 ೯ 69	YRS.	MONTHS DATS	HOURS WIN.	Mar 12, 1	925	ŴV
~	9e. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOWN (	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	Memorial Hospita	11 & Medical Co	nter	Cumber1	and,		Alle	gany
Ä	10e. STATE 10b. COU	INTY	10c. CIT	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		Legany	Cum	berland				1X YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
N	110 W. 3rd Stre	22. WAS DECEDENT EVER IN	1110 101150		21502			
	1 Never Merried 2 Merried	FORCES? 12 YES	2 NO	If yes, sp	ecity_Cuben, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)	e or No—   14	I. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	WW II	AIES	1 TES	2 NO Specif	у:		white
COMPLETED	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	(Give kind of w	USUAL OCCUPATION	ON st of working	166. KIND OF BU	ISINESS/INDUS	STRY
Ę	Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.) d Welder		mol o	Wele C	lorm.
N N	17. FATHER'S NAME (First, Middle, Last)		MECTIE	a weider		ME (First, Middle, Malder		orb.
S	Richard Parr					Linhart	i Sumeme)	
BE	19e. INFORMANT'S NAME (Type/Print)	<u> </u>	19b. MAILING	ADDRESS (Street a		Route Number, City or Tov	vn, State, Zip Co	ode)
임	Katherine C. Pa	arry	110 W.	3rd Str	eet; Cun	berland, 1	MD 215	502
	20e, METHOO OF DISPOSITION 1-X Buriel 2 Cremetion 3 R	iemoval from State Cem	PLACE AND DATE O	OF DISPOSITION (Ne	me of			y or Town, State
- 1	4 ☐ Donetion 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	Da	etery, cremetory or ot avis Memo			1	mberla	nd, MD
	21. SIGNATURE OF PUNERAL SERVICE	7 a la	1/	Scarp	elli Fur	eral Home		
	yanes	1 Willand	ell		rland, M			
	23. PART I Enter the diseases, i shock, or heart failu	or complications that caus¥d ra. List only one cause on a	l tha daath. Do n ach lina.	ot antar the mo	da of dying, suc	h as cardiac or rasp	elratory arres	t, Approximata
	iMMEDIATE CAUSE (Final disease or condition	End Stay	00 D. 1	die				Onset and Death
ł	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	U Iscar	<u> </u>			17-30-5
Z		- h						İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7:				
2	cause, Enter UNDERLYING CAUSE (Disease or Injury	C	CONSEQUENCE OF	2.				
	that initiated events resulting in death) LAST		CONOCOOCHOE OF	J+				į
- 11		d						
NA.	PART II. Other algolificant condit	I_ /		n the underlying	g causa given in	Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	Coronary and	ting disease	<u> </u>			1 YES :	2 110	COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CON	ITDIDLITE TO CALISE O	E DEATH VE	C   NO	LINICEDTAL			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT		UNCERTAI	NE		
Sic	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
훒	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Oay, Year)	28b. TIMI	E OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Accident 5 Pending Investigation	on		M 1 🗆 Y	ES 2 NO			
N N	3 Suicide 8 Could not 4 Homicide determined		— At home, ferm, s	treet, fectory, office		281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
COMPLETED	200 CERTIFIER							
M M	(Check only	INSICIAN: To the best of my knowl						
		IINER: On the Vanis of examination	encor investigation	n, in my opinion, a				1/511112-1-55
띪	29b. SIGNATURE AND TITLE OF CERTIF	shall al	2-0		29c. LICENSE NUI	WBER	29d. DATE S	MONED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	D 33280		1 11/	6194
	Dr. Sunil Gupta,				ohto Mod	ofol Desti	Cu	imberland,
	31. DATE FILED (Month, Day, 1981)	32, REGISTRAR'S SIGNA	TURE	son nel	rucs Med	ciai Bujid	ing. M	id. 21502
	NOV 0 9 1994	July Studior Ravo	tally.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 687604

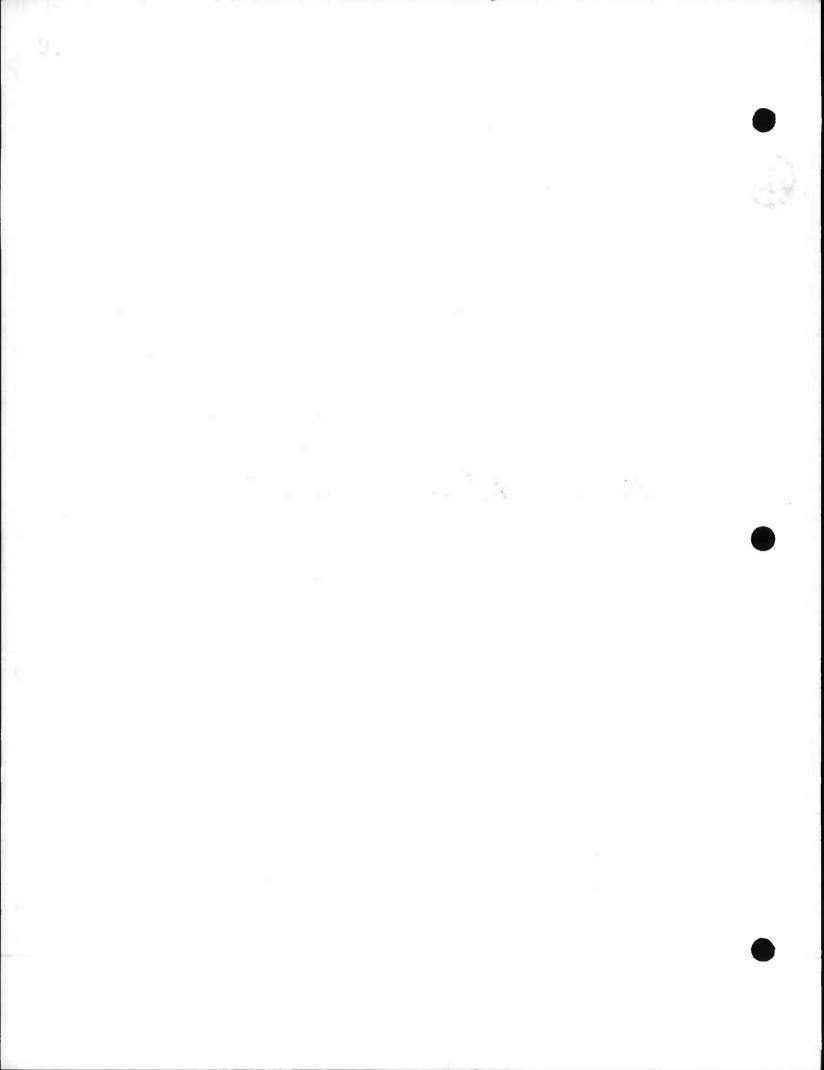
**BALTIMORE, MARYLAND 21215-0020** 

BALTIMORE, MARYLAND 21215-0020

# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTME RTIFICA			MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)				D E / ( / / )	2. DATE OF DEAT		YEAR 3	. TIME OF DEATH
		BUNDY PHELPS				NOV. 10	1994		м
		5. SEX 6. AGE (In yrs. last. 1 🔀 M 2 🗆 F 68	VRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	1926	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre	11 00		CITY, TOWN O	R LOCATION OF D				YLAND
OR	30. 000HT 01 0EAH								
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOV	VN OR LOCAT	ION			1	0d. INSIDE CITY
띰	MARYLAND ANNE	ARUNDEL	ANNAP	OLIS					LIMITS?
₹ I	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL	23 PAROLE STREET	40 MAO DECEDENT SUST			21401			SA	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES		If yea, spo	cify Cuban, Maxica	NIC ORIGIN? (Specifi an, Puarlo Rican, etc.	Yes or No—		- American Indian, White, etc.
ВУ	3 XXVIdowed 4 Divorced	1945 - 1946		1 TYES	2 NO Specif	y: 		Specify: BLAC	CK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (Give	EDENT'S USUA kind of work do NOT use retin	one during mos	N at of working	16b. KIND OF	BUSINESS/INDI	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	EPAIRM			SE	LF EMPL	OYED	
SON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma	iden Surname)	OILD	
BE (	WILLIAM PHELPS					ETTA BUN			
5	19a. INFORMANT'S NAME (Type/Print) TWWANA NICK					NAPOLIS,		Code)	
	20a METHOD OF DISPOSITION 1 Aburlel 2 Cremation 3 Ramov	al from Stata 20b. PLACE AN cemetery, crem	ID DATE OF DIS			1	LOCATION — C		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE!	WSEE HILL C	REST C		O ADDRESS OF FA	1/15/9 <b>5</b>	ANNAPO	LIS,	MD.
}	+ Harry 1	1. Leese				MORTUARY		07.0	
	23. PART i. Enter the diseases, or con	mplications that caused the dea	th. Do not ar	Ner the mod	da of dying, suc	ANNAPOLIS	espiratory erre	21401 est,	Approximata
	IMMEDIATE CAUSE (Final	st only ona cause on each lina.			1				intarval Batween Onaat and Daath
-	disease or condition resulting in death)	Cardio mas	ry 0	mes	<i>t</i>				
z		DUE TO (OR AS A CONSEOL COURTY A	the (	)itea	28.				
NT 10	Sequantially list conditions, if any, laading to immadiate cause. Enter UNDERLYING	DUE TO (OR AS CONSEOU	ENCE OF):						
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECU	IENCE OF):						
CERTIFICATION	reaulting in death) LAST								
AL CI	PART ii. Other aignificant conditions	contributing to death but not re-	aulting in the	undariying	cauaa given in	Part i. 24a. WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
SICA	Distrites					PEF	FORMEO?	CI	WAILABLE PRIOR TO DMPLETION OF CAUSE
ME	angeniz							- 1	F DEATH?
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		OF DEATH (Ch		UNCERTAIL	NX			
SICI	EXAMINER?	HOSPITAL:	OTI	IED:	5 XBaaldanca	6 ☐ Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	T	28b. TIME OF INJURY	28c, INJL	JRY AT	28d. OESCRIBE HO	W INJURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation		A	1 1 N	ES 2 NO				
	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At hom building, atc. (Specify)	e, form, street,	fectory, office		28f. LOCATION (Str. City or Town, S		or Rurai Rou	te Number,
COMPLETED		AN: To the best of my knowledge, dest							
S S		On the basis of examination and/or im	vestigstion, in r	ny opinion, de	esth occured at the	time, date and plece	, end due to the	ceuse(e) a	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				DZ86	WBER 6	29d. DATE	SIGNEO CA	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUSE OF GEATH (ITEM	27) (Vpe, Print)	es i	400	(0))		+ '	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	MIAO.		V L	1-1	·····		
	NOV 1 5 1994	Julia Stavilson Revo	lall						
		V	•						DHMH-16 Rev 1/89



page 5 should be detached for use as the burial-tran

BALIIMO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	ath. Pe	neral
DA A	fter de	the fu
_	ours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
		y filler
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	with	nplete
000	ecuted	nd cor burial.
5	be ex	or to
ñ	ficate	physic ne pri
S	n certi	nding
'n	death	Aental
ב	at the	and N
2	ires th	signed
Ľ	requ	t of h
AL	he law	e has
-	IAN:	tificat e Stat
5	HYSIC	his cer with th
	ING P	After t
2	TTENO	after (
2	OR A	DIREC
	PITAL	ERAL in 72
	E HOS	E FUN
	王	THE ST
	2	무용

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED

2

3 Suicide

							9	L	34631
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND I	MENTAL HYG			
	1. DECEOENT'S NAME (First, Middle, Last)	*			DEATH	2. DATE OF DEAT		YEAR	3. TIME OF DEATH
	EVELYN	HENRICITA		VELL		11	12	94	19:20 M
	4. SOCIAL SECURITY NUMBER	1	(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRTH Country	PLACE (State or Foreign
	220-10-7483  9a. FACILITY NAME (If not institution, give :		5 YRS.			APRIL 4			YLAND
DIRECTOR	MEMORIAL HOSPI	,	CTR.	73	RLAND,		100	EGA	
띭	10a. STATE 10b. COUNT	γ	10c. CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY
5	MARYLAND AI	LEGANY		CUMBERLA	ND				LIMITS?
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
ÿ.	1312 FREDERICK S				21502			U.S.	
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES	2 NO	If yea, sp	ENDENT OF HISPAN ecity Cuben, Mexican	IIC ORIGIN? (Specif n, Puerto Rican, atc	y Yaa or No—	14. RACE Black	— American Indian, , White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	r.		Specif	y: WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DECEDENT'S	USUAL OCCUPATION	ON .	18b. KIND OF	BUSINESS/IND	USTRY	WITTE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSE K	work done during mose se retired.) EEPER	st or working	HOUS	E KEEP	ER	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City or	Town, State, Zip	Code)	
۲	GARY C. POWELL		630 FR	EDERICK	STREET C	UMBERLAN	D MARY	LAND	21502
	20a METHOD OF DISPOSITION  1 Burlai 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	poval from State St	NSET CEM	OF DISPOSITION (NE	W 16 199	DATE CU	MBERLA		wn, Stata ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LA	Merritt	د	1	T-ADAMS			D MA	RYLAND
	23. PART i. Enter the diseases, or	complications that ceuse Liet only one ceuse on e	d the deeth. Do	not entar tha mo	da of dying, euch	h as cardiac or r	sapiretory arr	rest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	<b>a.</b>	000	nion (	man				Interval Between Onset and Death
:		OUE TO (OR AS	A CONSEQUENCE O	F): > S					
ON	Sequentially liet conditiona,	b. DUE TO (OR AS			— <i>j</i>		-		
AT	if any, leading to immediate cause. Enter UNDERLYING		1/k	Proch	1. /2				İ
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O						
PHYSICIAN: MEDICAL CEI	PART II. Other algnificent condition		out not resulting	in tha underlying	g cause given in	PER	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYE	S 2 NO		OF DEATH?
2	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH Y	S I NO DE	UNCERTAIN	<u>-</u> -			1 YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only one)	OTTOLKIMI				
\SK	1 TYES 2 NO	HOSPITAL: 1 Xinpatient 2 - ER/Out	patiant 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	URY AT RK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCC	CURED	
LL I									

b	OLE TO CHOSE OF DEA	HH TES		NO EQ UNCERIAL	N 🔲
	26. PLAC	E OF DEATH	1 (Check	only one)	
	OSPITAL: Xinpatient 2 - ER/Outpatient 3		OTHE	R: rsing Home 5 - Reeldence	8 G Other (Specify)
28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY			RY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
	28a. PLACE OF INJURY — At he building, afc. (Specify)	me, ferm, str	reet, fac	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

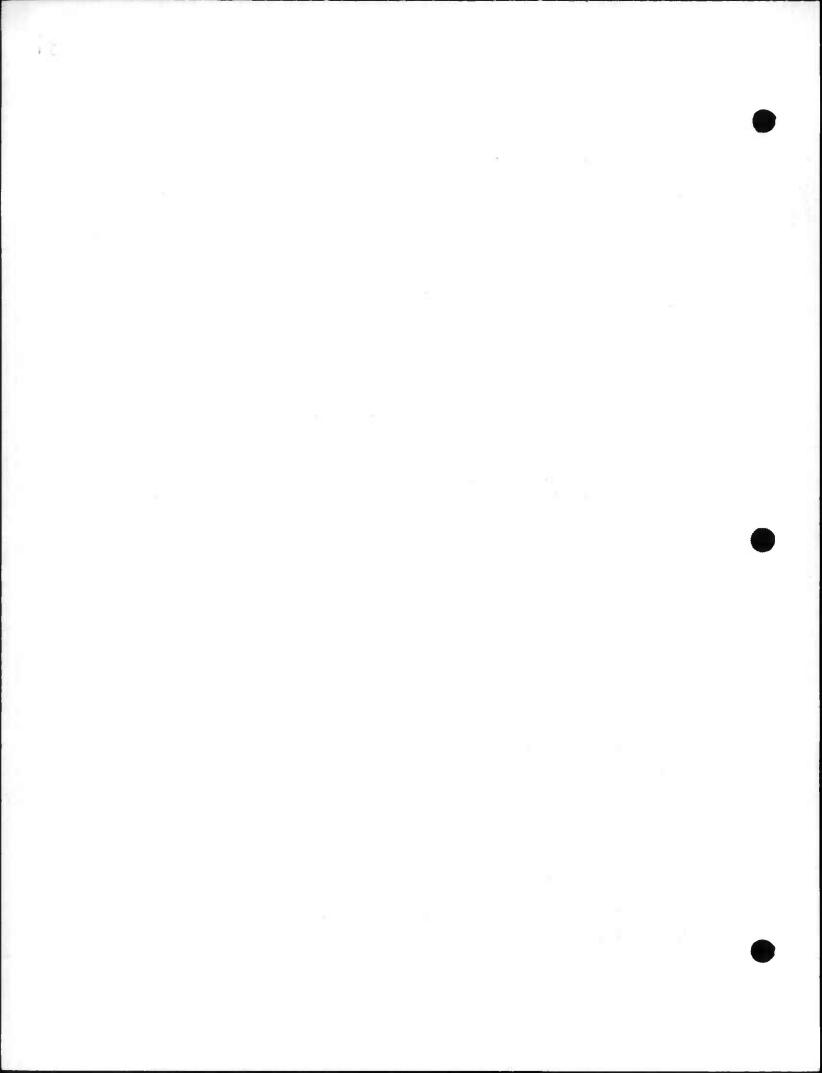
D36766

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as atsted. 2 MEDICAL EXAM

29b. SIGNATURE AND TITLE OF CEN 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

455 VIK POONAI FREDERICK ST., CUMBERLAND, MD 21502



3. TIME OF DEATH

9:25

10d. INSIDE CITY LIMITS?

RACE — American Indian, Black, White, atc.

Specify: White

1 YES 2 NO

**Approximata** 

24b. WERE AUTOPSY FINDINGS

WAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE OF DEATH?

Interval Batwee

**Onset and Death** 

8. BIRTHPLACE (State or Foreign Country)

Allegany

USA

PM

DIVISION OF VITAL RECORDS, P.O. BON 807 80, BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buylant be filed within 72 hours after death with the State Dept. of Health and Merntal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BY

COMPLETED

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY LAWRENCE HERBERT PIPER 1.1 1994 Nov. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Apr 21, Year 1905 1 X M 2 | F 89 DAYS HOURS MIN. 236-14-4244 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Allegany Oldtown FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21555 Route 1 Box 389 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY nentary/Secondery (0-12) College (1-4 or 5+) 12 Maintenance Dept. Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel L. Piper Agnes A. (Beeman) BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 1 Box 411; Oldtown, MD Stanley A. Morris 21555 24p. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - Cify or Town, State Oldtown Cemetery 11/15 Oldtown, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home and Cumberland, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition HSP/ratingneumana reaulting in death) . 1 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO DE UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify)

28e. DATE OF INJURY (Month, Day, Year)

un mo

32. REGISTRAR'S SIGNATURE Sander Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28b. TIME OF INJURY

26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

26c. INJURY AT WORK?

1 YES 2 NO

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2/ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurs at the time, date and place, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11-14-94 D 25406 Virginia Ave., Cumberland, MD 21502 DHMH-16 Rev 1/89

26d. DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Dr. Wm. Lamm, 31. DATE FILED (Month, Day, Year) 5 1994

296. SGNATURE AND TITLE OF CERTIFIER

27. MANNER OF DEATH

5 Pending Investigation

8 Could not be

determined

1 X Natural

2 Accident

4 🗌 Homicide

3 Suicide

29e. CERTIFIER

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARTE			F HEALIH AND OF DEATH	) MENI	AL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		3. Т	IME OF DEATH
DOI	RTHA_	Μ.	PH	ELPS	No			YEAR	8:10 pm
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS	7. DAT	E OF BIRTH			CE (State or Foreign
213-24-7232	1 □ M 2 🖾 F   68	YRS.	months b	TOOKS WIN	Apr	17, 19	26	MD	
9a. FACILITY NAME (If not institution, give st				WN OR LOCATION OF			7.5	TY OF DEATH	
Memorial Hosp	pital		Cu	mberlan	<u>d</u>		Al	Llegai	ny
10a. STATE 10b. COUNTY		10c. CITY	TOWN OR L	OCATION				10d.	INSIDE CITY
MD Alle	gany	Cum	berla	nd				100	LIMITS? YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
229 Baltimore Ave	enue Apt 901			21502			USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES			DECENDENT OF HIS			or No	14. RACE — A	merican Indian, ite, atc.
1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗇	s, specify Cuban, Max YES 2 NO Spe	ocify:	o Hican, atc.)		Specify	
	PATION!							whi	.te
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of w	DSUAL OCCU ork done durir	PATION og most of working	16	Bb. KIND OF BUS	INESS/INDU	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Office				Concre	ate.		
17. FATHER'S NAME (First, Middle, Last)					NAME (First	, Middle, Maiden			
Raymond C. Sta	llings					ce Este		arland	i
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rui					
Georgia A. Delaw	der	Cumber 1							_
29a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State 201	D. PLACE AND DATE Of	F DISPOSITIO per place)	N(Nume of al Garden	DA	TE 20c. LOC	ATION — C	Olty or Town, S	itata
4 Donation 5 Other (Specify)		estrawn M					are,	רובי	
Janes 7	7 Mca	pll		rpelli Fu berland,		L Home 21502			
23. PART VEnter the diseases, Dr'o	omplications that cause	d the death. Do no	ot enter the	mode of dylng, s	uch as ce	rdisc Dr respli	retory erre	pat,	Approximata
ahock, or heart fallure.									Interval Between Onset end Death
disease or condition resulting in death)	Dilute	l Isol	num.	· Cero	him	- Dr. Dr	_	į	
rounting in double	DUE TO (OR AS	CONSEQUENCE OF	):			)	1	1	
Sequentially flat conditions,	o								
if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF	:						
CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE DE							
thet initieted events resulting in death) LAST	DUE TO (OR AS )	CONSEQUENCE DF	),"					ì	
	1								
PART ii. Other aignificent condition			the under	iying cause given	in Part I.	24a. WAS AN			E AUTOPSY FINDINGS LABLE PRIOR TO
Lauter	Melleter	>				1 YES 2	-	COM	PLETION OF CAUSE DEATH?
Conjectione	heat	a lue							YES 2 NO
DID TOBACCO USE CONTR	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Delta\) UNCERTAIN \( \Boxed{1}\)								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  40. PLACE OF DEATH (Check only one)  HOSPITAL:  OTHER:									
1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)									
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		. INJURY AT WORK?	28d. Di	EŞCRIBE HOW IN	JURY OCC	URED	
2 Accident Investigation " 1 YES 2 NO									
3 Suicide 8 Could not be determined determined 28. Could not be determined determined 28. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
(Check only									
MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) end manner as stated.									
296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE N			29d. DATE	SIGNED (Mon	th, Day, Year)
				I D L	4865			11 12	0.1

Medical Bldg

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

		FOR
1	_	STATE
	-	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MADYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLEN

1 - STATE REGISTRAR		OIAIL OI MAII	CE			F DEAT		REG	S. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEA	ATH			3. TIME OF DEATH
WANNA	Ε.	. P.	YNE					NOV. 11	DAY 19	94	YEAR	7:30 a. M
4. SOCIAL SECURITY NUME	BER	5. SEX 6. A	E (In yrs. les	t birthday)	IF UNDER 1 YE	-	-	7. DATE OF BIRT	TH		. BIRTHP	PLACE (State or Foreign
214-36-704	9	1 M 2 K F	8	7 YRS.	MONTHS DAY	/S HOURS	MIN.	(Month, Day, Y			Country	WV
9a. FACILITY NAME (If not in	stitution, give str	reet and number)			9b. CITY, TOV	VN OR LOCATION	N OF DE			e. COUNT	Y OF DE	ATH
502 Winifr	ed Roa	d			Cumb	erland				۸11	egar	
RESIDENCE OF DEC	EDENT									WII	egar	īĀ
10a. STATE MD	10b. COUNTY				, TOWN OR LO							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Alle	gany		Cun	nberla							1 ₹ YES 2 NO
502 Winifr	ed Roa	đ				21502			1	USA	EN OF WI	HAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. AR	MED				IC ORIGIN? (Spec		No- 1	4. RACE	- American Indian, White, atc.
1 Never Merried 2 3 Widowed 4 Divo	1000	IF YES, GIVE WAR O		•0			Specify	n, Puerio Rican, e :	eG.)			hite
15. DEC (Specify only	EDENT'S EDUC	ATION completed)	18a. DE	CEDENT'S	USUAL OCCUP	ATION most of working		16b. KIND (	OF BUSIN	ESS/INDU	STRY	
Elementary/Secondary (0		College (1-4 or 5+)	life.	Do NOT use	e retired.)	THOSE OF WORKING						
12			H	mema	ker			Owi	n Hor	me		
17. FATHER'S NAME (First, M								ME (First, Middle, M				
Henry Ni								ca (Cro		<u> </u>		
Shirley A.								noute Number, City  sberland			502	
20a, METHOD OF DISPOSIT	ION			-	F DISPOSITION					TION — CI		vn. State
1 Buriel 2 Cremetic 4 Donation 5 Other	(Specify)	val from State	Sunse	et Mei	morial	Park		11/13		berla	,	
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE		1/	22. NAM	E AND ADDRESS	OF FAC	ONE TIO				
Hane	1 +	X/May	101	1 -	Cim	berland	TUI.	eral Ho D 2150				
23, PART I. Enter the d	iseesea, or c	omplications that can	en the de	ath. Do n						tory arres	st,	Approximate
ehock, or h	eart fsilure. L	let Dnly Dne cause o	Mach line							-		interval Between Onaet and Death
diseese or condition	<b>→</b>	Muncaml	ial	in	larcti	DA						Onet and beating
resulting in deeth)	-	DUE TO (DR	S A CONSE	QUENCE OF								
		Myocard DUE TO (ORA) COYD MA DUE TO (ORA) CO MARS A	ша	iter	i dise	ouse						1
Sequantially list condit if any, leading to imme	ione, diete	DUE TO (OR A	S A CONSEC	OUENCE OF	):\	01						
CAUSE (Disease or inju	ING C	longest	ve	hea	et fa	une						
that initiated events resulting in death) LAS		DUE TO (OR A	S A CONSEC	DUENCE OF	): V							
leading in death) LAS		Kectal	Caq	Cinc	ma							
PART ii. Other significe	ent conditions	contributing to deet	h but not r	esuiting in	n the underi	ying cause gi	ven in	Part I. 24a. W	AS AN AU	TOPSY	24b.	WERE AUTOPSY FINDINGS
Cerel	Mova	scular d	inpos	e				P	ERFORME		11	AMILABLE PRIOR TO COMPLETION OF CAUSE
Dem	entic	2,		,				_ ['''	VES 2	NO		OF DEATH?
		ONTRIBUTE TO	CAUS	E OF	DEATH	YES 🖂	NO	X				1 TYES 2 NO
25. WAS CASE REFERRED TO						B. PLACE OF DE						
1 YES 2 NO		HOSPITAL: 1   Inpatient 2   ER/0	Outpatient 3	□ DOA	OTHER:			8 Other (Specia	%/)			
27. MANNER OF DEATH		28s. DATE OF INJU	RY.	28b. TIME	E OF 28c.	INJURY AT	June	28d. DESCRIBE		URY OCCU	RED	
	Pending Investigation	(Month, Day, Yel	ir)	INJU		WORK?  YES 2	NO					
2 Catata	Could not be	28e. PLACE OF INJ building, etc. (	JRY — At ho	me, ferm, a	treet, factory,	office		28t. LOCATION (		Number o	r Rural Ad	oute Number,
	determined	building, etc. (-	респу)					City or Town,	, State)			
29e. CERTIFIER CERT	TIFYING PHYSIC	ZAN: To the best of my ke	owledge, de	ath occurre	d at the time,	data and place, o	end dus	to the cause(s) e	nd menne	r as stated	i.	
one) 2 MED	ICAL EXAMINER	t: On the besis of exemin	ntion end/or	Investigation	n, in my opinio	n, death occure	d at the	time, date end pla	ece, end d	due to the	ceuse(s)	end manner as stated.
29b, SIGNATURE AND TITLE	OF CERTIFIER					29c. LICEN	ISE NUN	IBER	2	9d. DATE	SIGNED (	(Month, Day, Yber)
	in the					D46:	344	· Sm	10	<b>11</b>	15	194
30. NAME AND ADDRESS OF					•				-			
		, M.D. ; K		venue	Suite	304;	Cuml	perland,	, MD	2150	02	
31. DATE FILED (Month, Day,	19-ar)	32. REGISTRAR'S S	0									
NOV16	1004	1. Buchen	Mardal	6								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

for a section when a section is a section of

3. TIME OF DEATN

2: 8. BIRTNPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

1 YES 2 NO

White

21702

intarvsi Between

Onset and Deeth

Washington D.C.

10P M

2. DATE OF DEATN

DIRECTOR

FUNERAL

BY

COMPLETED

BE

0

notified at

Pe

must

examiner

medical

the

event.

traumatic

or other

any

23

0

marked.

69

TO THE HOSPITAL DR ATTENDIN
TO THE FUNERAL DIRECTOR: At
De filed within 72 hours after de
IMPORTANT: If item 28 is i

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

1. DECEDENT'S NAME (First, Middle, Last)

Soll

Edward

CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST

sepsis syndm brack and spinol injures PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. CMGOmital Heart Disease

1 TYES 2 NO single verifill. annuan amum, sp shint

24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one)

25.	WAS	CASE	REFERRED	то	MEDICAL	
	EXA	MINER	17			
	1 🗌	YES	2 NO			
27.	MAN	NER O	F DEATH			

28a. DATE OF INJURY (Month, Day, Year) 10/4/94

OTHER: Appetient 2 - ER/Outpatient 3 - DOA

28b. TIME OF INJURY 1610 PM 28c. INJURY AT WORK? 1 YES 2 X NO 28s. PLACE OF INJURY — At home, term, street, tactory, offica building, etc. (Specify)

28d, DESCRIBE NOW INJURY OCCURED

6 Other (Specify)

24s. WAS AN AUTOPSY

auto 28t. LOCATION (Street and Number or Rural Ro DI TE

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.

oadway

29b. SIGNATURE AND TITLE OF CERTIFIER Soft

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

6 Could not be

32. REGISTRAP'S SIGNATURE.

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 wirs after death. requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, signed by the has been s Dept. of H DR ATTENDING PHYSICIAN: The law this certificate h After 1 death

DHMH-16 Rev 1/89

FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH
ľ	Barbara Ann POOLE	Ξ.			November	<b>3</b> 199	YEAR	4:05pm M
			UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	3,177		PLACE (State or Foreign
	212-38-8744 1 M 2 X F		NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	()
					Dec 9, 19			y1and
	9a. FACILITY NAME (If not institution, give street and number)	98	L CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUN	ITY OF DE	ATH
8	Frederick Health Care Center		Frede	cick		Fr	eder.	ick
5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Maryland Frederick	Midd	letown					1 YES 2 NO
4	10e. STREET AND NUMBER		10	. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
R	4506 Pine Valley Court			21769			U.S.	۸
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER II	NIIS ARMED	13 WAS DEC		IC ORIGIN? (Specify Ye			— American Indian,
	1 Never Married 2 Married FORCES? 1 YES	20 NO	If yes, sp	ecify Cuban, Mexican	, Puarto Rican, etc.)	0 110	Black,	. White, atc.
BY	3 ☐ Widowed 4 ☑ Divorced IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify:			Specify	White
	15. DECEDENT'S EDUCATION	40. DECEDENTIA				1		WILLE
쁘	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done durina me		16b. KIND OF BU	SINESS/IND	USTRY	
۳ ا	Elementary/Secondary (0-12) College (1-4 or 5+)		•				_	
A P	12	Bookkeepe	er		Exterm	<u>inati</u>	ng C	0
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	-	
BE (	Lewis	MERCER		Annie			SUM	MERS
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street i	and Number or Rural R	loute Number, City or Tox	n, State, Zip	Code)	
5	Donnie Lee Poole, Jr				iddletown			d 21760
		. PLACE AND DATE OF D						
	1 12 Buriel 2 Cremation 3 Removal from State	netery cremetory or other	nlarel		1	CATION —	•	· .
- 1	4 Donation 5 Other (Specify)	ount Olive	t Ceme	tey 11/	7/94 Fre	deric	<u>k, M</u>	Maryland
- 1	21. BIONATURE OF FUNERAL SERVICE LICENSEE			ND ADDRESS OF FAC			1	
	Kash have the	/ M00706	Keene	7 & Basio	rd P.A. F	unera	T HOI	me
	23. PART i. Enter the diseases, pr complications that cause	MO0706	1106 Ea	ist Churc	h St. Fre	deric	k, M	D_21701
	ahock, or beart fallure. List only one cause on a	ach lina.	enter the mo	de or dying, such	ss cardiac or reap	iratory arre	# <b>3</b> 1,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final	1 1	0	4	-			Onset and Death
	resulting in death) . Meta	static	15	ream	CARC	7.9		
		CONSEQUENCE OF):						
,								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):						
A.	cause. Entar UNDERLYING							
윤	CAUSE (Disease or Injury	CONSEQUENCE OF):						_
Ē	that initiated avents resulting in death) LAST							į l
與	d							-
	PART II. Other significant conditions contributing to death to	out not resulting in t	ha underiyin	g causa givan la l	Part i. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	Severe COPD with A	1+c)	-· B	1-0	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		121000	See 12	AD LOT	1 🗆 YES	NO NO		OF DEATH?
ME	Diabally Mellitus, ins	lie devan	حبيا					1 TYES 2 NO
ä	DIO TOBACCO USE CONTRIBUTE TO	CAUSE OF D	DEATH Y	ES 🔀 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (Che	ck only one)			
8	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetiant 2 ER/Outs	patient 3 DOA	THER:	e 5 🗆 Rasidenca i	e C Other (Specific			
<u></u>	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME O		URY AT	28d. DESCRIBE HOW	IN ILIBY OCC	HIDED	
₫	1 Natural 5 Pending (Month, Day, Year)	INJUR	Y W	PRK?	200. DEGOMBE HOW		ONED	
Β¥	2 Accident Investigation			YES 2 NO				
	building, atc. (Soe	<ul> <li>At home, ferm, stre- cify)</li> </ul>	et, tactory, offic	*	28f. LOCATION (Street City or Town, State		or Aural Ad	oute Number,
	4 Homicide determined							
71	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	riedge death occurred a	t the time date	and place, and due	to the cause(s) and	nner en mi-t	ad.	
¥	(Check only one)  2 MEDICAL EXAMINER: On the basis of axemination							
COMPLETED			y opinion, (	water occurred at the t	ume, uste end pisce, s	ru due to th	1 canse(s)	and manner ee atated.
BE (	296. SIGNATURE AND TITLE OF CENTIFIER	_		29c. LICENSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)
	by A James			D2194	44	No.	ov 4	1994
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)			2.1		,
	James S. Grissom, M.D.,	1475 Tar	nev A	zenne T	Fredoric	k Mi	n 21	702
			icy A	dirue, 1	redelic	K, 111	U 41	102
	31. DATE FILED (Month, Day, 1601) NOV 0 7 1994 32. REGISTRAR'S SIGN	CON-Roydall						
	Jan William	SEN WOODALL						

BALTIMORE, MARYLAND 21215-0020

Bearing St

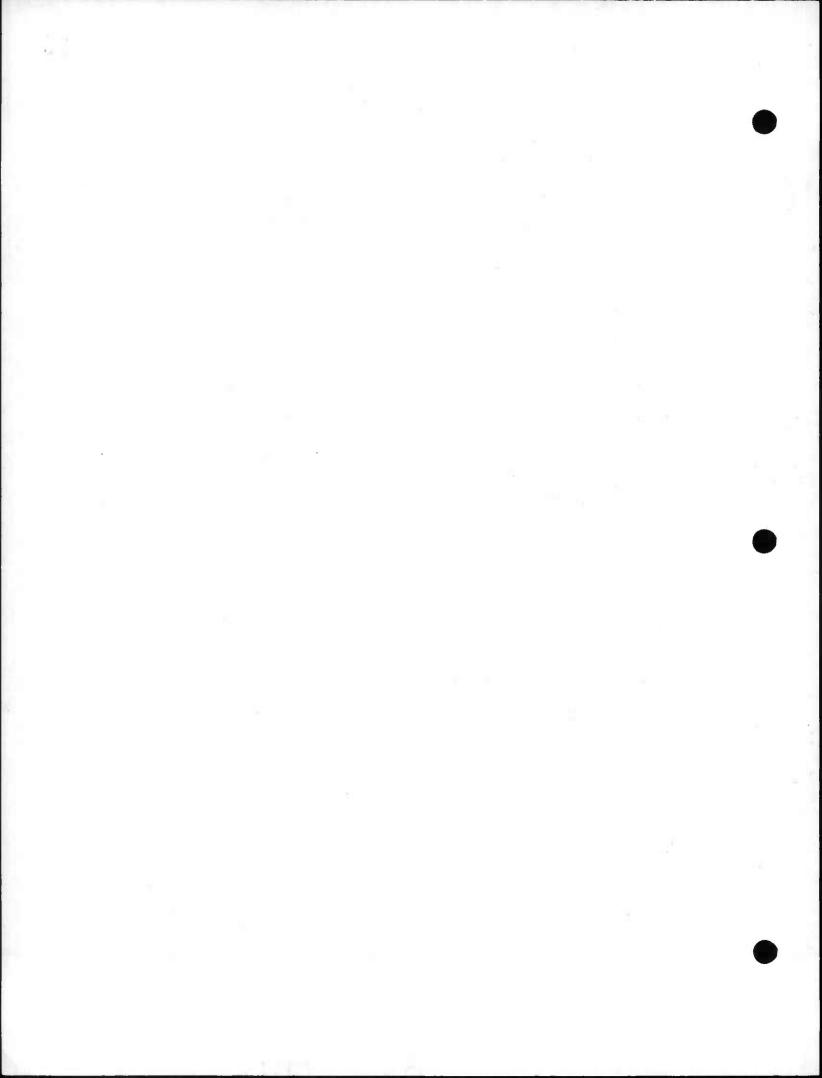
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

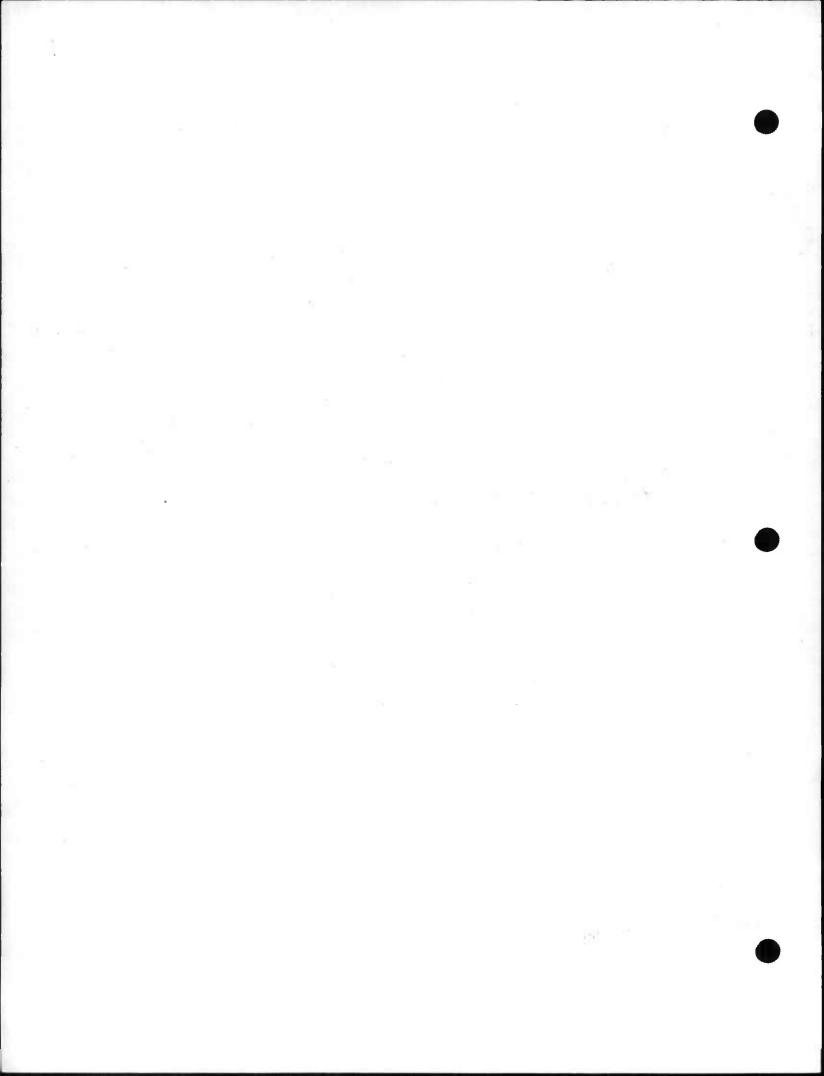
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



-	er	¥	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	F DEAT	Ή	REG. NO.			
į.	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH			IME OF DEATH
- 1	Norbert Gerald	Raffer	ty				ovember 2	19	54	2:04 A M
			(în yrs. lest birthdey)	IF UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)		Country	E (State or Foreign
- 8			81 YRS.	MONTHS DAY	HOURS	MIN.	ecember !	l1 14 N	lary1	and
	9s. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	N OR LOCATIO			9c. COUNTY		
OR	Frostburg Hospita.	1, Inc		Fre	stbur	g		A1:	legan	У
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10- 00	TY, TOWN OR LO						
IRE										INSIDE CITY LIMITS?
10	Maryland Alle	egany	F1	costbur						YES 2 NO
RA	153 Spring Stre	eet.			101. ZIP CODE	21532		10g. CITIZER		COUNTRY?
FUNERAL DIRECTOR		. WAS DECEDENT EVER	MILE ADMED	40,000					.S.A.	
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes,	specify Cuban	ı, Mexicen, Pı	ORIGIN? (Specify Yes uerto Ricen, etc.)	or No- 14		merican Indian, Ita, stc.
ВУ	3 X.Widowed 4 Divorced	W W 2	DATES	1 1 1	ES 2 X NO	Specify:			Specify:	White
ED	15. OECEDENT'S EDUCATI		16a. DECEDENT'S	USUAL OCCUP	TION		16b. KIND OF BUS	INESS/INDUS	TRY /	OSTBURG)
ET.	(Specify only highest grade com Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT L		most of working	9			(FR	OSTBURG)
MPL	8		Main	enance			U.S. H	POST O	FFICE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden			
BE (	CHA	RLES RAFFEI	KTY		A	NASTA	SIA SCALI	- X		
10	19s. INFORMANT'S NAME (Type/Print)						Number, City or Town		de)	
	REGINA MORGAN		153	SPRING	51.,	r KUS I	BURG, MD	21332		
	20s. METHOD OF OISPOSITION  1/L Buriel 2 Cremation 3 Removat		b. PLACE AND DATE		(Name of		DATE 20c. LO	CATION - CITY	or Town, S	itats
	4 Donation 5 Other (Specify)	SI	INSET MEN	MORIAL :			11/7 CUMI	BERLANI	D, MD	21502
	21. SIGNATURE OF FUNERAL SERVICE LICEN	7 //	)		AND ADDRES		HOME, P.A			
	- 1/livelou	1. Dure	m	1			FROSTBU		2153	2
	23. PART I. Enter the diseases, or com	plicatione that ceuee	d the deeth. Do	not enter the	node of dyin	ng, auch ee	cardiec or reepi	ratory erreal	.	Approximete
	ehock, or heart fellure. Liet IMMEDIATE CAUSE (Final	only one ceuse on	each line.						i	Interval Between Onset and Death
	disease or condition resulting in death)	Paulia	11.000	· B	Palin	0			į	of wall
		DUE TO (OR AS	A CONSEQUENCE C	)F):	,	0				
Z	Sequentielly list conditions, b	Deve	re el	OPJ) an	nd e	m fly	pena.			
Ĕ	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE C	PF):		1 0	/		1	
2	CAUSE (Disease or Injury	DHE TO OR AS	A CONSEQUENCE O							
Ē	that initieted eventa reaulting in deeth) LAST	DOE TO (OH AS	A CONSEQUENCE C	rr):					1	
CERTIFICATION	d								<del>- i</del>	
	PART II. Other eignificant conditions conditions									E AUTOPSY FINDINGS
DICAL	Congestive les	nt Faile	we - C	Itrial	Llow	letin	PERFOR	_	. COM	LABLE PRIOR TO
ш	Peplie ulear	Low 82 use	. Re	nal .	Dailer	AC 4				YES 2 NO
N.					1					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DE	ATH (Check of	only one)			
Sic		OSBITAL:	patient 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Ras	sidenca 8 🗆	Other (Specify)			
된	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c.	NJURY AT WORK?	28	d. DESCRIBE HOW II	NJURY OCCUP	ED	
B	1 Natural 5 Pending 2 Accident Investigation			4.4	YES 2	NO ON				
	3 Suicids 8 Could not be	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, tarm,	street, tectory, o	fica	281	LOCATION (Street a	and Number or	Rural Route	Number,
	4 Homicide datarmined									
PL	298. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my know	wiedge, daath occur	red at the time, d	ets and placs,	and due to t	he cause(s) and man	iner as atated,		
COMPLETED	one) 2 MEDICAL EXAMINER: 0	On the basis of examination	on and/or investigati	on, in my opinior	, death occurs	ed at the time	, data and place, an	d due to the c	suse(s) and	manner as ateled.
	29b. SIGNATURE AND TITLE OF CERTIFIER	07 0	1.		29c. LICE	NSE NUMBER	۹ .	29d. DATE S	IGNED (Mon	th, Day, Year)
BE		2 ( Jan	ellini	AA	N	144	464	<b>&gt;</b>	11/4	-1911
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF D	EATH (ITEML27) (Type	o, Print)	1 (1)	* *	,			
	S. L. SANDHIR, M.	D. 48 TARN	TERRACE	, FROST	BURG.	MD 21	532			
	24 DATE SHED (No. 500 December)	A REGISTRAR SE	NATURE .							



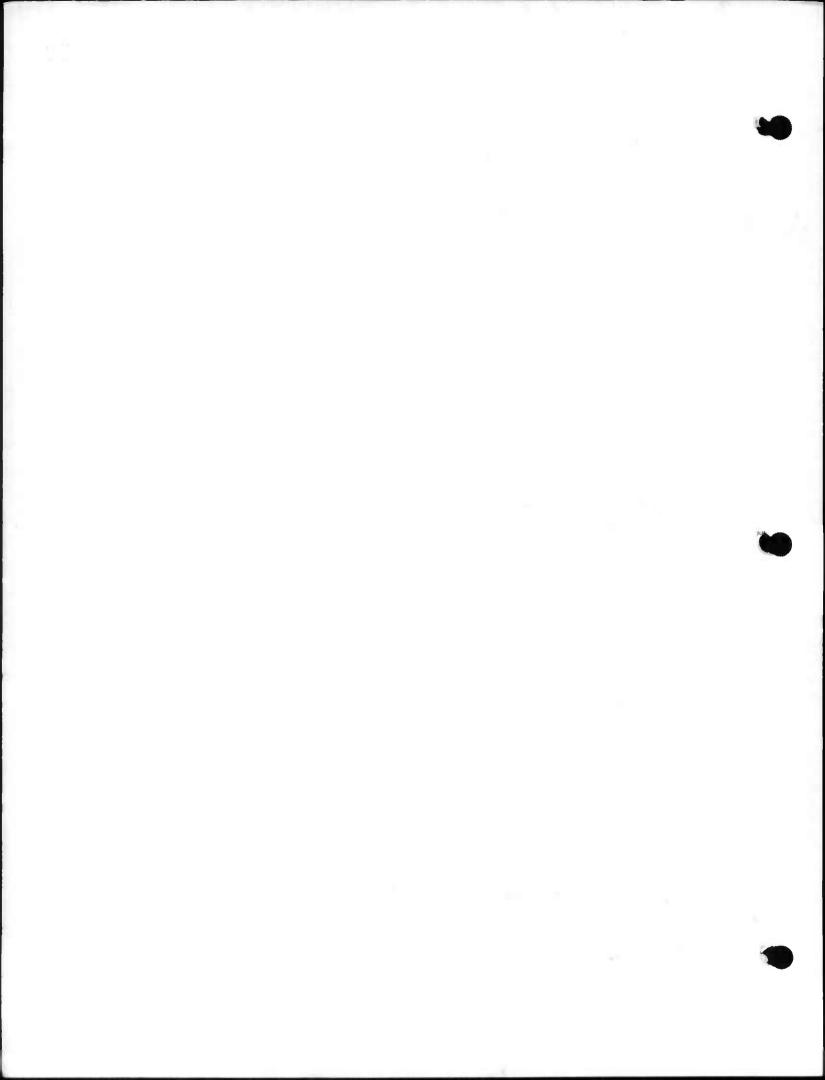
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the burial-tron, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tree filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

burial-transit permit

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH
DECEDENT'S NAME (First, Middle, Last)	

	1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF	ITMEN1	OF H	EALTH	AND M	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		-	3. TIME OF OEATH
	Louis	e Eliz	abeth	RIC	HTE	R			Nov. 6,	, 199	YEAR	5:01 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le.		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH	1 2 2	8. BIRTH	IPLACE (State or Foreign
	218-05-4365	1 🗌 M 2 💢 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morith, Dey, Year) 9/28/190	5	Countr	
	9a, FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATIO				INTY OF D	vland EATH
OR	Maust Personal	Care Ho	me		Ac	cide	ent			Ga	rret	t.t.
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT											
DIRECTOR					Y, TOWN C		ION					10d. INSIDE CITY LIMITS?
	Maryland Garr 100. STREET AND NUMBER	ett		Ac	cid							1 TES 2 XNO
FUNERAL						101	ZIP CODE			10g. CI1	IZEN OF W	VHAT COUNTRY?
N	Route 1, Bumble						2152				USA	
	1 Never Married 2 Married		YES 2 X		1	if yes, sp	elfy Cubar	i, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, afc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			I 🗌 YES	2X NO	Specify:			Speci	White
G	15. DECEOENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b, KIND OF BUS	INESS/IN	DUSTRY	
7	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d	(G	ive kind of v	work done ( se retired.)	during mo	at of working	g				
4	8		·	omem	akei	r			Own	Hom	ie	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle, Melden :	Surname)		
BE (	Henry Bach						E	ffie	Georg			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural Ao	ute Number, City or Town	, State, Zi	p Code)	
-	Owen H. Bach		P	.0.	Вох	1;	Acc	iden	t. Marvl	and	21	520
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE	AND DATE	F DISPOS	ITION /Na	me of		DATE 20c. LOC	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)	-	St.	Paul	's (	Ceme	ter	У	11/10 Ac	cid	ent,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENBEE			22. N.e	NAME AN	D ADDRES	S OF FACI	um al Homes	. D	λ	
	2000	) Jeur	now						Grantsv			1D 21536
	23. PART I. Enter the diseases, or o shock, or heart fellure.	omplications tha	t ceused the de	eth. Do n	Dt enter	the mo	de of dyir	ng, auch	as cerdiec or respir	atory er	rest,	Approximate
	iMMEDIATE CAUSE (Fine)	List bnly bne ceu	ISO DO OOCO IINO	9.								interval Between Onset end Death
	disease or condition reaulting in death)	athero	sclerot	ic ca	rdio	vasc	ular	dise	ease			1 month
		DUE TO	(OR AS A CONSE	OUENCE OF	F):							
N	Sequentially list conditions,	b										
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	100 10	(OR AS A CONSE	OUENCE OF	-):							
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSE	OUENCE OF	D:							
E	resulting in death) LAST	d :										
	DARK II OM III											
S	PART II. Other aignificant condition degeretative d	e contributing to	death but not i	resulting i	n the un	derlying	ceuse gi	iven in Pa	ert i. 24s. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	degelerative d	emenera,	Sentre	01156					1 YES 2	X NO		COMPLETION DF CAUSE OF DEATH?
Σ									_			1 TYES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:			OTHER		ACE OF DE		v		_	
₹ ¥	27. MANNER OF DEATH	1 Inpetient 2 I					5 Res		Dother (Specify) pe			are home
	1 Netural 5 Pending	(Month, De	ay, Year)	28b. TIMI INJ	URY	28c. INJU	RK?		28d. DESCRIBE HOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicide Could set be	28e, PLACE O	F INJURY — At ho	me ferm s	treet facts		ES 2 🗌	-	THE LOCATION CO.			
	4 Homicide 8 Could not be	building,	etc. (Specify)		areat, recti	ory, office		1	28f. LOCATION (Street at City or Town, State)	no Numbe	r or Hunsi H	oute Number,
COMPLETED	29a. CERTIFIER XX CERTIFYING PHYON	CIAN. To the best of				_				-		
Ĕ	(Check only one)  29a. CERTIFIER (Check only one)  1 **XCERTIFYING PHYSIC ONE)  2 **MEDICAL EXAMINE	R: On the basie of ea	my Knowledge, de	investigation	nd et the ti	me, date	and place,	and due to	the cause(a) and man	nor aa sta	ted.	
- 38	29h. SIGNATURE AND THILE OF CERTIFIER				, at thy 0	prinon, un						
ᆲ	Alraha ZV	0		1	UP.		D257	15E NUMB 59	ER			(Month, Day, Year)
၉ 📗	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAIR	E OF DEATH ATE		-		ನಾವನೆಯ 11	18581		INC	vemb	er 6, 1994
	Walter K. Naumann					dent	MD	21520	)			
	31. DATE FILED (Month, Day Year)	132. REGISTRA	S SIGNATURE	- 7/ 9	11001	aent	TID .	_ 1 J _ (	,			
	NOV 0 9 1994	- director	AND GAME									1



9c. COUNTY OF DEATH

10g, CITIZEN OF WHAT COUNTRY?

61

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian Black, White, atc.

1 TYES 2 KNO

hite

Approximate

Interval Between

240. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

T TES 2 NO

Onset and Death

8. BIRTHPLACE (State or Foreign Country)

0629A"

attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

burial-transit

notified at

pe

injury, or other

BY

COMPLETED

BE 2 25. WAS CASE REFERRED TO MEDICAL

**EXAMINER?** 

Lig Natural

2 Accident

3 Suicide

29a. CERTIFIER

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TENDING PHYSICI OR: After this cert ifter death with the	AN: The law tificate has a State Dep ir Item 23	been signed tr. of Health	at the death by the atte and Mental y injury, o	nding physici Hygiene prior	an and compler to burial, cr	etely filled in emation, or r	s after death. F by the funeral emoval.	age 6 may t director, pag or must be	e retained by the he is 5 should be detained at onc	ospital or attendin ched for use as th
---	--	--	------------------------------	---	--------------------------------	------------------------------	----------------------------------	---	--	---	---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH other 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YE IF UNDER 24 HRS. 79-30-3736 1 🗌 M 2 🥦 F DAYS HOURS MIN. YRS. 9b. CITY, TOWN OR LOCATION OF DEATH Medical Anne Annack Thropoles DIRECTOR in del enter 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MU rnold 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1059 Lane andon 210 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Scho eacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First. Middle nichael ear BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ary Lynch 10 20a, METHOD OF DISPOSITION
14 Burlal 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE cemetery, crematory or other place) 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE-GE FUNERAL SERVICE LICENSEE SONS CATERNA PARK , mp 21146 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street. ahock, or haart failura. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) SEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, E OFY DUE TO JOR AS if sny, laading to immediata 5 cause. Enter UNDERLYING CAUSE (Diseasa Dr injury that initiated events resulting in death) LAST contributing to describut not resulting ng cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED! Lever 1 TES 2 DENO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔀 UNCERTAIN 🗆

HOSPITAL: OTHER: 1 TES 2 MINO petient 2 - ER/Outpatient 3 - DOA ming Home 5 - Residence 6 - Other (Specify) 27. MANNER OF BEATH 28s. DATE OF INJURY 29c. IHJURY AT WORK?
1 YES 2 NO 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation M 25s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, Gibt or Taxes, State) 6 Could not be CERTIFYING PHYSICIAN: occurred at the time, date and place, and due to the cause(s) and memor as stated. MEDIÇAL

26. PLACE OF DEATH (Check strly line

29b. SIQUATURE AND TITLE

29d, DATE SIGNED (Month

WHO COMPLETED CAUSE OF DEATH AGAlexa

31. DATE FILED (Month, Day, Year) NOV 15

STAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Z	Paper S. Stanfo	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perimit, more be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	- 6	=

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF OEATH
1	Emma	Rebecca	Redm	on d			MONTH 7 7		NY.	YEAR	
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi		UNDER 1 YEAR	IF UNDER 24 HRS	11	10		94	1:40P M
			•		ONTHS DAYS	HOURS MIN.	7. DATE ( (Month)	Day, Year)		8. BIRTH Countr	PLACE (State or Foreign y)
	214-24-3388	1 M 2 F	91	YRS.	1000 5540		3	21	0.3	MD	
ايرا	9a. FACILITY NAME (If not institution, give s	treet and number)		91	b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATN
FUNERAL DIRECTOR	Meridian Nurs	ing Cent	er		Ann	apolis			Δη	ne	Arundel
El	RESIDENCE OF DECEDENT				**11.11	" LOTIO			LAII	ne .	nrundel
Ä	10a. STATE 10b. COUNTY	1	3	loc. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY
5	MD An	ne Arund	۱ .	٨	rno1d						LIMITS? 1 YES 2 NO
اب	10e, STREET AND NUMBER	ne medita	CI I			. ZIP CODE			40- 0171	7511 05 11	VHAT COUNTRY?
¥	The same of the sa	D D T ***			"				10g. CITI.	ZEN OF V	THAI COUNTRY?
ᄬ		DRIVE				21012			_	. S	
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARME	D	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	(Specify Yea	or No-	14. RACE	— American Indian, c, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2X NO Specif		ican, etc.)		Speci	
	3 2x Widowed 4 Divorced										White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECE	DENT'S US	UAL OCCUPATION	ON	16b.	KIND OF BUS	INESS/IND	USTRY	THE CO.
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use n	done during mo etired.)	st of working					
4	\$, (v .a,		н	mam	aker			Home			
8	17. FATHER'S NAME (First, Middle, Last)		11.	Jin C in	ancı	18. MOTNER'S NA	ME (Cine )		0		
Ö			T - 1	_			, ,	.,		_	
BE	Ernest		Faiı			Sara		11sw			Veaver
6	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rurai		er, City or Town	n, State, Zip	Code)	
-	Samuel W. Redi	nond		109	Haskel	ll Driv	e A	rnol	i, Mi	D 2	1012
	20a. METNOD OF DISPOSITION	Who Sanded	20b. PLACE AND	DATEOF	DISPOSITION (Ne			20c. LO			
	1 Donation 5 Other (Specify)	oval from State	cemetery, creme								
	21. SIGNATURE OF FUNETON, SERVICE LIC	ENSEF	Metro	) Cr	emato	D ADDRESS OF FA	III/	TIT Ca	aton	SV1	lle, MD
	1/100	7			ZZ. NAME A	ID ADDRESS OF PA	SCILITY .	495	Rit	chie	e Hwy.
	" ( see !	home			Barr	noo Fu	none				cna Pk MD
	23. PARTY. Entar tha diseases, or o	complications that c	aused the death	Do not	antar the mo	de of dylan eur	h as card	1 1101	reton or	evel	Approximata
- 1	ahock, or haart fallure.	List only one cause	on each line.		arrest and the	da or dynng, ado	on de card	ac or respi	intory arr	erat,	Intarval Batween
	IMMEDIATE CAUSE (Final	-	0		0						Onset and Death
	disease or condition reaulting in death)	ه لعا	elvo	JO	rente	of de	400	ace.			Pusin
		DUE TO (OI	R AS A CONSEQUE	NCE OF):	11	n de					
z		Po	use	eld	> Va	reeles	_ cl	- Peore	>		Carmin
9	Sequantially list conditions, if any, leading to immediate		AS A CONSEQUE								
¥	cause. Entar UNDERLYING										
E	CAUSE (Disease or injury that initiated evanta	DUE TO (OF	R AS A CONSEQUE	NCE OFI:							+
E	resulting in death) LAST			,							1
與		4									
2	PART II. Other significant condition	a contributing to da	ath but not ras	ulting in t	he undarlying	cause givan in	Part I	24s. WAS AN	AUTOPSY	145	WERE AUTOPSY FINDINGS
EDICAL CERTIFICATION		e Colley				, cauco givan in	Tant II	PERFOR	MED?	1 ****	MAILABLE PRIOR TO
5		restriction	0	_				1 YES 2	XNO		OF DEATH?
ME											1 TYES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUS	SE OF DEATH	YES	Пиог	UNCERTAIL	ΝП				/
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				Check only one)	o rechire					
잃	EXAMINERY 1 YES 2 DO	HOSPITAL:		0	унея:			45-1-47-7-7			
¥	27 MANNER OF DEATH	1 Inpatient 2 I B	-	-		e 5 🗆 Residence					
à		28e. DATE OF IN.		Bb. TIME O	WO	RIKY	28d, DESC	CRIBE HOW P	MURY OCC	URED	
B∡	Accident 5 Pending Investigation	107.5010171112.00		110000000	· 1□	res 2 NO					
	3 Suicide 6 Could not be	29e. PLACE OF 8 building, etc.	Specific	form, etro-	et, fectory, offic		281, LOCA	TION (Street a	nd Number	or Films F	loute Number:
₽	4 Nomicide determined	Senteng to	(opacity)				City o	70wn, State)			- 1
۱ ۳	29s. CERTIFIER X				SHE THE		_	_			
€		CIAN: To the best of my									
COMPLETED	2 MEDICAL EXAMINE	R: On the besis of exam	fination and/or inve	etigetion, i	n my opinion, d	eath occured at the	time, date	and place, and	d due to the	e ceuse(s)	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIES		1. 1	7		29c. LICENSE NU	MDER		29d. DATE	SIGNED	(Month, Clay, Year)
H	1900 1	in	4	/		D= 215	0	-	<b>▶</b> 11	1111	Sec
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CALLET	DE DOATH //TEN	D /F 2:	art). A	ULDIT			- 11	1116	6
1	S 11/1/2/11/1	A/S 1 A	DEPLIN (I LEM 2			No A	~	40	A	1110	M 1912
	J.W. KRM	(NO) M		90	0	SIPO	12	W		UNI	11 11 480
- 1											
)	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	0 -							
		32. REGISTRAR'S	SIGNATURE DEVILOR	Rendal	6						

_	
LAND 21215-0020	1
ČA.	4
9	
0	- 1
47	
T.	1
S	i
<b>—</b>	- 1
S	
	4
	- 1
7	i
_	the forester
Q.	3
_	3
$\leq$	i
MARYL	-
щ,	-
⋖	d
RC.	4
~	ì
- 10	Comment for sections of the
ш	-
~	- 8
<u> </u>	- 1
TIMO	ď
-	9
2	3
_	C
	4
_	-
F	3

(DS, P.O. BOX 68760) BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to buriat, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Degr, of Health and Mental Hydiene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumati	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DEA	AI H	REG. NO.									
- 3	1. DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH		3. TIME OF DEATH							
1	BABY GIRL R	ICE			NO.	VEMBER™.	l2 <b>、</b> 1 <b>59</b> 4	4:09 am							
	4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER	ER 24 HRS. 7. DAT	TE OF BIRTH		THPLACE (State or Foreign							
	1[	□ M 2 □XF	YRS.	IONTHS DAYS HOURS	MIN. (Mo	V. 12,	1994 Coun	ntry)							
	9s. FACILITY NAME (If not institution, give street a	and number)		96. CITY, TOWN OR LOCA		V. 12, .	9c. COUNTY OF	USA -MD							
œ	THE JOHNS HOPKINS		4.				SE. COUNTY OF	DEATH							
5	RESIDENCE OF DECEDENT	HUSPITAL		BALTIMORE	CITY										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY							
8	MD		RΔI	TIMORE, MAR	ONVIVO			LIMITS?							
	10e. STREET AND NUMBER		DATE	10f. ZIP CO			10a CITIZEN OF								
109. CITIZEN OF WHAT COUNTRY?  1955 PATTERSON AVENUE  21213															
FUNERAL		WAS DECEDENT EVER	IN HE ADMED		1213			USA							
	1 V Never Married 2 Married	FORCES? 1 YE	S 2 NO	13. WAS DECENDENT	osn, Mexicsn, Puert	GIN? (Specify Yes o to Ricsn, etc.)	or No — 14. RAC Black	CE — American Indian, ck, White, etc.							
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 TANK	) Specify:		Spe	oly: BLACK							
	15. DECEDENT'S EDUCATIO	ON .	18s. DECEDENT'S U	SUAL OCCUPATION		6b. KIND OF BUSI	NECC/INDITIOTBY								
E	(Specify only highest grade comp			rk done during most of worl	dng	OD. KIND OF BUSI	NESS/INDUSTRY								
립	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)		,											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			40.840	7115010 11115 151										
		RKER			THER'S NAME (First		umame)								
B	19s. INFORMANT'S NAME (Type/Print)	INEK			ABATHA	RICE									
임				DDRESS (Street and Numb			State, Zip Gode)								
	TABATHA RICE			<u>PATTERSON A</u>	<u>VENUE-BA</u>		D. 2121								
	20a. METHOD OF DISPOSITION  1  Burisi 2 Cremetion 3 Removal (		0b. PLACE AND DATE OF emetery, crematory or other		DA	ATE 20c. LOC	ATION — City or T	own, State							
	4 Donetion 5 X Other (Specify)		JHH		NOV. 12.	1994	BALTO.	MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE		22. NAME AND ADDR	ESS OF FACILITY										
	JOHNS HOPKINS	HOSPITAL		600 N. W	OLFE ST	PEET									
	23. PART I. Entar the diseases, or comp	olications that caus	ed the death. Do no				atory arrest,	Approximata							
- 1	shock, or heart failure. List i	Dniy Dna cause Dn	aach lina.					intarval Batween Onsat and Daath							
	IMMEDIATE CAUSE (Final disease or condition	0 - 1	, , , ,	)	0		L								
ł	resulting in death) a	DUE TO (OR AS	A CONSEQUENCE OF	muna	ry u	rrea		0230-0409							
_		0 00		e at i	121	Vo T	20								
Ó	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF):		or w	12 T	UP	0230-0409							
	if any, leading to immediate	. 0 40		0				į l							
ЯI	cause. Enter UNDERLYING														
FICA	CAUSE (Disease or injury C	DUE TO (OR AS	that initiated avants  DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICA	CAUSE (Disease or injury C	DUI TO (OR AS	2 200 = 1	20	d. Wigner attack										
CERTIFICA	CAUSE (Disease or injury that initiated avants resulting in death) LAST	pr	emate	re											
AL CERTIFICATION	CAUSE (Disease or injury that initiated avants	pr	emate	tha underlying causa	givan in Part I.	24a. WAS AN A		b. WERE AUTOPSY FINDINGS							
- 1	CAUSE (Disease or injury that initiated avants resulting in death) LAST	pr	emate	tha underlying causa	givan in Part I.	PERFORM	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE							
DICAL	CAUSE (Disease or injury that initiated avants resulting in death) LAST	pr	emate	rQ tha underlying causa	givan in Part I.		IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
DICAL	CAUSE (Disease or injury that initiated avants resulting in death) LAST  PART II. Other eignificant conditions con	ntributing to daath	but not resulting in			PERFORM	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE							
DICAL	CAUSE (Disease or injury that initiated avants resulting in desth) LAST  PART II. Other algnificant conditions could be conditioned by the conditions could be conditioned by the conditions could be conditioned by the conditions could be conditioned by the conditions could be conditioned by the conditions could be conditioned by the conditions conditi	Intributing to death	but not resulting in	□ NO X UN		PERFORM	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
DICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  PART II. Other eignificant conditions	UTE TO CAUSE	but not resulting in  OF DEATH YES  28. PLACE OF DEATH	OTHER:	CERTAIN	PERFORM 1 ES 2 (	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
DICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  PART II. Other eignificant conditions	JTE TO CAUSE	but not resulting in  OF DEATH YES  28. PLACE OF DEATH  ifpatient 3 □ DOA    ( 28b. TIME	(Check only one)  THER:  Nursing Home 5   F	CERTAIN	PERFORM 1 ES 2 (	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  PART II. Other algnificant conditions	UTE TO CAUSE	but not resulting in  OF DEATH YES  28. PLACE OF DEATH  ifpatient 3 □ DOA    ( 28b. TIME	(Check only one)  OTHER:  Nursing Home 5   FOTH  OTHER:  VORK?	CERTAIN	PERFORM 1 VES 2 (	IED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  PART II. Other algnificant conditions	JTE TO CAUSE ( SPITAL: Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	but not resulting in  OF DEATH YES  28. PLACE OF DEATH  Injurient 3 DOA 6  28b. Time: INJURY — At home, farm, atr	(Check only one)  OTHER:  Nursing Home 5   F  OTH WORK?  M 1 YES 2	CERTAIN	PERFORM 1 VES 2 ( her (Specify) ESCRIBE HOW IN.	JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  PART II. Other algnificant conditions	JTE TO CAUSE ( DEPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	but not resulting in  OF DEATH YES  28. PLACE OF DEATH  Injurient 3 DOA 6  28b. Time: INJURY — At home, farm, atr	(Check only one)  OTHER:  Nursing Home 5   F  OTH WORK?  M 1 YES 2	CERTAIN	PERFORM 1 VES 2 (	JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  DID TOBACCO USE CONTRIBUTION OF THE PROPERTY OF THE P	USPITAL: Inpetient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Sp	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  (1)  28b. TIME (1)  (1)  (2)  (3)  (4)  (4)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (1)  (1)  (1)  (1)  (1	(Check only one)  OTHER:  Nursing Home 5   FORMAT  Nursing Home 5   FOR	CERTAIN	PERFORM  VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)	JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in death) LAST  PART ii. Other eignificant conditions	JTE TO CAUSE ( DSPITAL: Inpetient 2 = ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Sp	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  ifpatient 3 □ DOA 4  28b. TIME: INJUIT  RY — At home, farm, atri	(Check only one)  OTHER:  Nursing Home 5   FORE  Y M 28c, INJURY AT WORK?  1   YES 2  eet, fectory, office	CERTAIN	PERFORM  THES 2 (  THES 2	JURY OCCURED  d Number or Rural er as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
TED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  DID TOBACCO USE CONTRIBUTION OF THE PART II. Other eignificant conditions conditi	JTE TO CAUSE ( DSPITAL: Inpetient 2 = ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Sp	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  ifpatient 3 □ DOA 4  28b. TIME: INJUIT  RY — At home, farm, atri	(Check only one)  OTHER:  Nursing Home 5   FORE  Y M 28c, INJURY AT WORK?  1   YES 2  eet, fectory, office	CERTAIN	PERFORM  THES 2 (  THES 2	JURY OCCURED  d Number or Rural er as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in death) LAST  PART ii. Other eignificant conditions	JTE TO CAUSE ( DSPITAL: Inpetient 2 = ER/Ou 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Sp	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  ifpatient 3 □ DOA 4  28b. TIME: INJUIT  RY — At home, farm, atri	(Check only one)  THER:  Nursing Home 5   F  OF  VORK?  M   1   YES 2    eet, fectory, office  at the time, date and piac  in my opinion, death occur	CERTAIN	PERFORM  TO VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)  Cause(s) and manneres and place, and	JURY OCCURED  d Number or Rural er as stated, due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  DID TOBACCO USE CONTRIBUTION OF DEATH  DID TOBACCO USE CONTRIBUTION OF DEATH  Natural 5 Pending Investigation  Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn  29b. SIGNATURE AND TITLE OF CERTIFIER	Intributing to death  JTE TO CAUSE ( DEPITAL: Inpetient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Sp	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  proper of the second of the sec	(Check only one)  THER:  Nursing Home 5   F  OF  VORK?  M   1   YES 2    eet, fectory, office  at the time, date and piac  in my opinion, death occur  29c. LIC	CERTAIN 28d. Dt 28d. Dt 28d. Dt Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	PERFORM  TO VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)  Cause(s) and manneres and place, and	JURY OCCURED  d Number or Rural er as stated, due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  DID TOBACCO USE CONTRIBUTION OF DEATH  STANMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one) 29. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDIESS OF PERSON WHO COM	Intributing to death  JTE TO CAUSE (  DEPITAL: Inpetient 2 = ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Sp  To the best of my known the besie of examination of the best	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  proper of the second of the sec	(Check only one)  THER:  Nursing Home 5   F  OF  VORK?  M   1   YES 2    eet, fectory, office  at the time, date and piac  in my opinion, death occur  29c. LIC	CERTAIN 28d. Dt 28d. Dt 28d. Dt Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	PERFORM  TO VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)  Cause(s) and manneres and place, and	JURY OCCURED  d Number or Rural er as stated, due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in death) LAST  PART II. Other eignificant conditions	Intributing to death  JTE TO CAUSE (  DEPITAL: Inpetient 2 = ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Sp  To the best of my known the besie of examination of the best	but not resulting in  OF DEATH YES  28 PLACE OF DEATH  proper of the second of the sec	(Check only one)  THER:  Nursing Home 5   F  OF  VORK?  M   1   YES 2    eet, fectory, office  at the time, date and piac  in my opinion, death occur  29c. LIC	CERTAIN 28d. Dt 28d. Dt 28d. Dt Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	PERFORM  TO VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)  Cause(s) and manneres and place, and	JURY OCCURED  d Number or Rural er as stated, due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated avants reaulting in desth) LAST  DID TOBACCO USE CONTRIBUTION OF DEATH  STANMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one) 29. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDIESS OF PERSON WHO COM	Intributing to death  JTE TO CAUSE (  DEPITAL: Inpetient 2 = ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Sp  To the best of my known the besie of examination of the best	but not resulting in  OF DEATH YES  28. PLACE OF DEATH  Inpetient 3 DOA 2  28b. TIME  INJUIT  At home, ferm, str.  Wiledge, death occurred ion end/or investigation,	(Check only one)  THER:  Nursing Home 5   F  OF  VORK?  M   1   YES 2    eet, fectory, office  at the time, date and piac  in my opinion, death occur  29c. LIC	CERTAIN 28d. Dt 28d. Dt 28d. Dt Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	PERFORM  TO VES 2 (  Ther (Specify)  ESCRIBE HOW IN.  CATION (Street an ity or Town, State)  Cause(s) and manneres and place, and	JURY OCCURED  d Number or Rural er as stated. due to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,							

eri s

FOR 1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

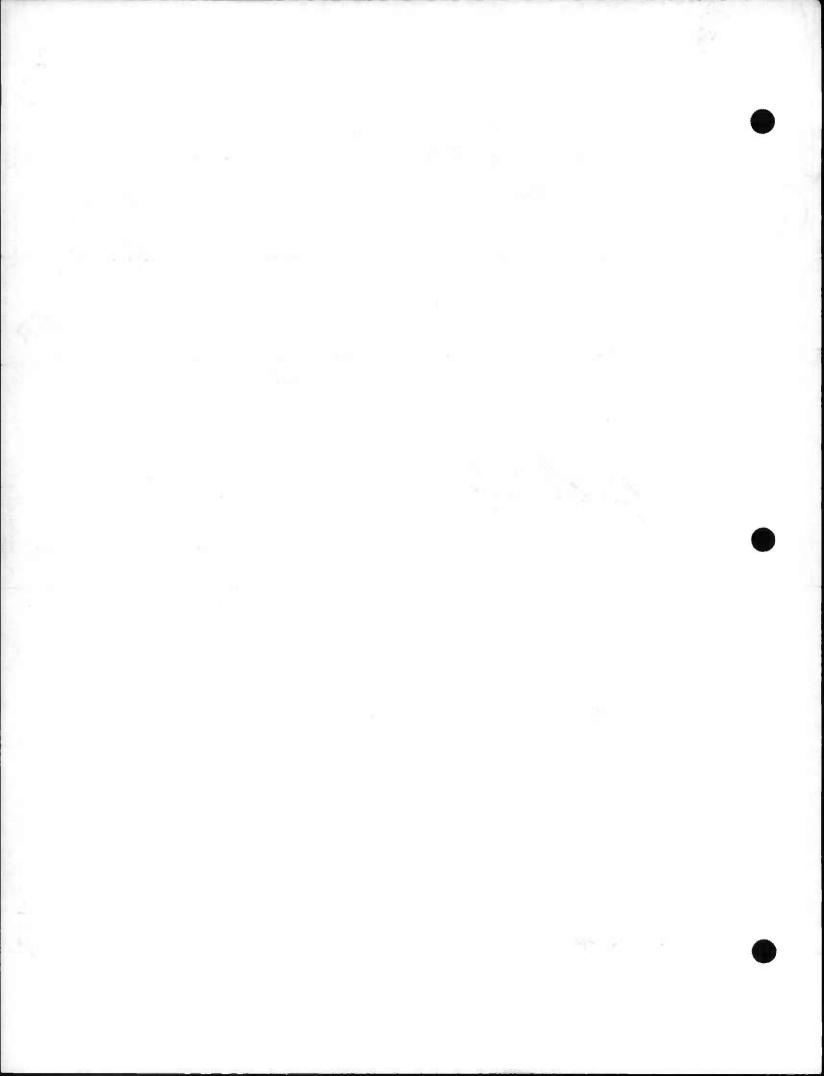
,	nedio Inan		- CL	-NIII	CALE	I DEA	I II	H	IEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  MAXINE  VIRGINIA									2. DATE OF DEATH DAY YEAR NOVEMBER 5, 1994				
	4. SOCIAL SECURITY NUMBER 214 62 4469	5. SEX 8	AGE (In yrs. last	birthday) YRS.	MONTHS DAY		FR 24 HRS. 7. DATE OF BIRTH FED. 18,		иятн 28,19	931	a. BIRTH	05:20 AM PLACE (State or Foreign St Virginia		
	9a. FACILITY NAME (If not institution, give a		96. CITY, TOV	N OR LOCATI	ION OF DE				NTY OF D					
TOR	SACRED HEART HOS	PITAL				CUMBER	LAND					LEGANY		
DIRECTOR	10a. STATE 10b. COUNTY WV Hampshire				y, town or Lo	CATION					10d. INSIDE CITY V.IMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER									·				
FUNERAL	414 West Bird	h Lane		10f. ZIP CODE 26757						10g. CIT	S.A.	HAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 YES  IF YES, GIVE WAR OR DATES				If yes	DECENDENT ( , specify Cube YES 2 NO	nn, Mexica	IIC ORIGIN? (S n, Puerto Ricar :	pecify Yea n, atc.)	or No-	14. RACE Black Wh1	— American Indian, , Whita, etc. Y: CE		
ED	15. DECEDENT'S EDUC	CATION	18a. DEC	CEDENT'S	USUAL OCCUP	ATION		16b. KIN	D OF BUS	SINESS/IN	DUSTRY			
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5 +) 12th.				vork done during se retired.) emaker	most of worki	ng		Hom	ie.				
8	17. FATHER'S NAME (First, Middle, Last)				-	18, MOT	HER'S NA	ME (First, Middl	a Maiden	Sumame				
BE C	Otis N. Ma	aphis						ME (Flist, Middl						
2	Karen V. Ray		4	14 W	ADDRESS (SIME ST. Bi	rch la	ne,	Romne	y, W	V State, Zij	6757			
	20a. METHOD OF DISPOSITION  1 Specifical Communication (Specify)  4 Donation 5 Other (Specify)	oval from State			of disposition her place! Leme te:		11	0ATE /8/94			City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICES CENSEE					ss of FA	ral Ho	me,	Inc.				
	TILONE	Theye						n St.,				26757		
	shock, or heert failure.  iMMEDIATE CAUSE (Finei disease or condition resulting in death)	e. Ends 1	as a consec	0/	JON AGENOCARCINONA 3						Approximate interval Between Onset and Desth			
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
ICAL C	PART II. Other eignificent condition	s contributing to dea	ath but not re	euiting i	n the under	ying ceuse	given in		. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ									_ TES 2	CANO		OF DEATH?  1 YES 2 NO		
N.	DID TOBACCO USE C	CONTRIBUTE T	O CAUS	E OF	DEATH	YES [	NO	81						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpatient 3	28. PLACE OF DEATH (Check only one)  OTHER:  DDA 4 Nursing Home 5 Realdence 8 Other (Specify)										
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJ	URY	26b. TIM	E OF 28c.	INJURY AT	- I		28d. DESCRIBE HOW INJURY OCCUREO					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	ear)	INJ	M 1	WORK?  YES 2	] NO							
	3 Suicide 6 Could not be detarmined	ne, farm, s	Ricet, factory, office 26f. LOCATION (Street and Number or Rural Route Number City or Town, State)					loute Number,						
COMPLETED	29a. CERTIFIER (Check only one)													
ō l	2 MEDICAL EXAMINE	R: On the beals of exami	nation and/or in	rvestigatio	n, in my opinio	n, death occu	red at the	time, date and	place, and	d dua to ti	he cause(a	and manner as stated.		
BE (	296. SIGNATURE AND TITLE OF CENTERED	Marses	m	8		29c. LIC	ENSE NUM	IBER		29d. OA1	E SIGNED	(Mooth, Day, Year)		
၉	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	E DEATH OTTEN	III /To-	Driveti		0	10/			1-	0-17		
	DR. GARY WAGONER	M.D., 92	5 BISH			DAD, C	UMBE	RLAND,	MD	2150	2			
	31. DATE FILED (Month, Day, Year) NOV 1 0 1994	32 REGISTRAR'S												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEMBER 1 MAR FIRST MARK (FIRST MARK)   1. DECEMBER 1 MARK (FIRST MARK (FIRST MARK)   1. DECEMBER 1 MA	1 - STATE REGISTRAR		CI			F DEATH	WILL IN	REG. NO.	-				
4. SOURCE FOR MARKET  4. STATE   S. ADE (P. P. Not Forbig)  5. STATE								OF DEATH	Y8. 1	9 <sup>4</sup> 5 <sup>4</sup> 2		_	
233-09-0275   QR w =   9   9   9   9   9   9   9   9   9			8 AGE /lo um los	at hirthday)	IE IMPER 4 VE	T INDED AL 1990							
Devivin Manor Nursing Home   Substitution   Subst							Sept	Day. (6ar) 1	900		ry)	reign	
TABLES FATE WAS COUNTY  Wiley FORD  STREET AND NUMBER  General Delivery  11. MARKET, STRUES  12. NAS DECEMBERS  12. NAS DECEMBERS  13. NAS DECEMBERS  14. NAS DECEMBERS  15. NAS DECEMBERS  15. NAS DECEMBERS  16. NAS DECEMBERS  16. NAS DECEMBERS  16. NAS DECEMBERS  17. NAS DECEMBERS  17. NAS DECEMBERS  18. NAS DECEMBE					9b. CITY, TOV	N OR LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH		
WILEY FORD  THE STEEL AND NUMBER  GENERAL DELIVERY  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL STORE  THE STEEL S		rsing Home	?		Cumb	erland			All	egan	any		
Wiley Ford  Senter And Numbers  General Delivery  I. MANYAL STRUES  General Delivery  I. MANYAL STRUES  I. WAS DECORATED THE STRUE STRUES  I. WAS DECORATED THE STRUES  I. WAS DECORATED THE STRUES  I. WAS DECORATED THE STRUES  II. WAS DECORATED THE STRUES  III. MANYAL STRUES  III. MANYA	10a. STATE 10b. COU	YTY		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY		
General Delivery  11. MARTIA STRUIS  12. WAS DECEDENT EVER IN U.S. ANMED  12. THE DEVELOPMENT OF HERMANC ORGANI regions by the Name of Proceedings of the Name of Proceedings of the Name of Proceedings of the Name of Proceedings of the Name of Proceedings of the Name of Name of Proceedings of the Name of Name	WV Mir	eral		Wil	ey For	rd						NO	
The second processes   The Second processes		TY									WHAT COUNTRY?		
Section   Substitut	1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes	, specify Cuban, Maxica	in, Puerto R		or No-	Blac	k, White, atc.	ın,	
College (14 or 5 1)   College (14 or 5 1)   College (14 or 5 1)   College (14 or 5 1)   Self Employed   Timber	15. DECEDENT'S E	DUCATION	18a, DE	CEDENT'S U	ISUAL OCCUP	ATION	16h.	KINO OF BUS	INESS/INI				
Self Employed  17. RATHER'S NAME (First, Micros, Las)  Alfred ROSS  18. NOTION NAME (First, Micros, Las)  Alfred ROSS  19. NAME AND ADDRESS (Street and Number of Rate Rose Name)  Alfred ROSS  19. NAME ROSE (Street and Number of Rate Rose Name)  20. NAME ROSE (Street and Number of Rate Rose Name)  21. SIGNATURE OF DESTROYA  22. PART I SECURITY Of Destroy (Street)  23. PART I SECURITY SECURITY (Street)  24. NAME AND ADDRESS OF RACLITY  25. PART II. Other designation of members of individual of the security			(G	ive kind of we	ork done during	most of working	1						
Alfred Ross  Amanda (Nortis)  19. MALLING ADDRESS (Since and Munifor or Parts Robe Number Cap or Rown, Since, 20 Code)  James Blankenship  General Delivery; Wiley Ford,  20. METHOD OF DISPORTION  21. SIGNATUS OF DISPORTION  22. PART I Section of Delivery States  23. PART I Section of Delivery States  24. Denators S   Other (Section)  25. SIGNATUS OF UNERAL SERVICE LICENSEE  26. PLACE AND DATE OF DISPORTION (Parts)  27. MALLE AND ADDRESS OF PACILITY  27. MALLE AND ADDRESS OF PACILITY  27. MALLE AND ADDRESS OF PACILITY  27. MALLE AND ADDRESS OF PACILITY  28. PART I Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section of Delivery States  29. Pacific Section States and Place, and due to the cause(s) and manner as stated.  29. Pacific Section States of Delivery States  29. Pacific Secti		30110g0 (1-4 01 3 T		elf Er	nploye	d		Timber	ŗ				
THE INFORMANT'S NAME (PiperPrint)    The Information   The Informa	17. FATHER'S NAME (First, Middle, Last)		1			18. MOTHER'S NA	ME (First, N	fiddle, Maiden S	Sumame)				
James Blankenship   General Delivery; Wiley Ford, WV 26767	Alfred Ross					Amano	da (N	orris)					
256. MET. HOD OF DISPOSITION   TRANSPORT   TO KENTED   TO MAN (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   2   Contention   To Man (Specific No. 1)   The Burds   The Burds   To Man (Specific No. 1)   The Burds   The Burds   The Burds   The Burds   The Burds   The Burds   The Burds   The Burds   The Burds   The Burds   To Man (Specific No. 1)   The Burds   The Bur	19a. INFORMANT'S NAME (Type/Print)	<del></del>	191	b. MAILING /	ADORESS (Stre	et and Number or Rural	Route Numb	er, City or Town	ı, State, Zi	p Code)			
1   Return 2   Ceremation 3   Removal from State   Construence   Const	James Blankensh	nip	G	enera.	l Deli	very; Wile	ey Fo	rd, W	7 26	5767			
22. NAME AND ADDRESS OF FULLITY  SCATPOLITE FUNDERAL SERVICE LICENSEE  22. PART    Enter the diseaseae, or Complications that cousely the deeth. Do fot enter the mode of dying, such as cerdiec or respiratory arrest, entervil Between Chest and Death	1 N Burial 2 Cremation 3 R	emoval from State	20b. PLACE	MAND DATE OF	F DISPOSITION er place)	(Name of	4						
23. PART II. Cither significant conditions, and the second point of the second point o		LICENSEE	Daws	/ /						507			
23. PART If. Other elignificant conditions contributing to desirib but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROPRING CAUSE (Cinetes or Indiana)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENC	1 Clans	Fola	0101	// ·	Sca	rpelli Fur	neral						
Interval Between IMMEDIAE CAUSE (Fined disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE	23. PART i/Enter the diseases, of	r complications that	coused the de	eth. Do no	ot enter the	mode of dving auc	h sa cerd	lec or reads	ratory ar	rest	Approxima	ata	
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERTIVING CAUSE (Disease or Injury and Injury devents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	ehock, or heart fellur	e. List only one ceus	se on much line	).	A GING! GIG	mode or dynig, ade	ii aa coiq	iec or respir	atory ar	1001,	Interval B	etween	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONS		P		1	A						Onset and	Death	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  a. OUE		a. Oby U	noung a	Mery	disc	ore	_				years		
Substitute   Sub		_	ON AS AGONSE	DOENCE (Jr.)	•						1		
CAUSE (Disease or Injury that inhitated events resulting in death) LAST  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO	If eny, leading to immediate	b. DUE TO (	OR AS A CONSEC	OUENCE OF)	*								
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH YES NO 29. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpatiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 1 Accident 1 Nursing Home 5 Residence 8 Other (Specify)  28. DEACE OF INJURY At Nursing Home 5 Residence 8 Other (Specify)  28. DEACE OF INJURY At Nursing Home 5 Residence 8 Other (Specify)  28. DEACE OF INJURY At Nursing Home 5 Residence 8 Other (Specify)  28. DEACE OF INJURY At Nursing Home 5 Residence 8 Other (Specify)  29. Suicides 8 Could not be detarmined 9. City or Nursing Home 5 Residence 8 Other (Specify)  29. Suicides 8 Could not be detarmined 9. Death (Month, Dey, Near)  29. Suicides 9. CERTIFFIER (Check only or Pursi)  29. Suicides 9. Death (Singer and Number or Rural Route Number, City or Nursing)  29. Suicides 9. Death (Specify)  29. Suicides 9. CERTIFFIER (Check only or Pursi)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. CERTIFFIER (Check only or Pursi)  29. CERTIFFIER (Check only or Pursi)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. CERTIFFIER (Check only or Pursi)  29. CERTIFFIER (Check only or Pursi)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. CERTIFFIER (Check only or Pursi)  29. CERTIFFIER (Check only or Pursi)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. CERTIFFIER (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify)  29. Suicides 9. Death (Specify		С											
PART II. Other eignificent conditions contributing to desth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRINCINGS AND ABLE PRIOR TO CAUSE OF DEATH YES   NO   1   YES 2   MO	that initiated events	OUE TO (	OR AS A CONSEC	QUENCE OF)	:								
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF DEATH HOSPITAL: 1 NO 27. MANNER OF DEATH HOSPITAL: 28. PLACE OF DEATH (Check only one) 1 No 27. MANNER OF DEATH (Morth, Dey, Wer) 29. DATE OF INJURY A T NO 28. DATE OF INJURY A T NO 29. DATE STORE AND THE AND TITLE OF CERTIFIER  296. CERTIFIER 1 CERTIFIER 29. LICENSE NUMBER DATE OF DATE (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, War) 32. REGISTRAR'S SIGNATURE	resulting in death) LAST	d											
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27. MANNER OF DEATH HOSPITAL: 1 NO 27. MANNER OF DEATH HOSPITAL: 28. PLACE OF DEATH (Check only one) 1 No 27. MANNER OF DEATH (Morth, Dey, Wer) 29. DATE OF INJURY A T NO 28. DATE OF INJURY A T NO 29. DATE STORE AND THE AND TITLE OF CERTIFIER  296. CERTIFIER 1 CERTIFIER 29. LICENSE NUMBER DATE OF DATE (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, War) 32. REGISTRAR'S SIGNATURE	PART II. Other eignificent conditi	one contributing to	deeth but not r	eeulting in	the underl	ving ceuse given in	Part i.	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FI	NDINGS	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Service of DEATH YES NO Service of DEATH YES 2 NO SERVICE OF DEATH YES 2 NO SERVICE OF DEATH YES						, ,		PERFOR	MED?		AVAILABLE PRIOR	10	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatiant 2 ER/Outpatient 3 DOA  28. PLACE OF DEATH YES NO  29. PLACE OF DEATH (Check only one)  1 NO PITAL: 1 Inpatiant 2 ER/Outpatient 3 DOA  28. DATE OF INJURY 1 NO PITAL: 1 Inpatiant 2 ER/Outpatient 3 DOA  28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 3 Suicide 4 Homicide 29a. Certifier 29a. Certifier 29a. Certifier 29a. Certifier 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  32. REGISTRAR'S SIGNATURE  28. PLACE OF DEATH YES NO  28. PLACE OF DEATH YES NO  28. PLACE OF DEATH YES NO  28b. TIME OF DEATH (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  32. REGISTRAR'S SIGNATURE							_	1 TYES 2	NO		OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1   Inpatiant 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Rasidence \$   Other (Specify)  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   DAE OF INJURY   28b. TIME OF NURSY   NURSY   NURSY   1   YES 2   NO  28a. DATE OF INJURY   28b. TIME OF NURSY   NURSY   1   YES 2   NO  28a. PLACE OF INJURY — At homa, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29a. CERTIFIER (Check only one)   1   CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE ANO TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SINEO Month, Day, Year)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, Year)   32, REGISTRAR'S SIGNATURE	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH	YES ET NO					1 YES 2 1	10	
EXAMINER?  1 YES 2 NO  1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 9 Investigation								- l					
27. MANNER OF DEATH  1  Netural	EXAMINER?		EB/Outpations A		OTHER:								
1 Netural 2 Accident 3 Suicide 3 Suicide 4 Homicide 5 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination applies investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2				_			_		I II IBV OC	CHEED			
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		(Month, Da	y, Ybar)		RY	WORK?	200. DE3	CHIBE HOW II	WORT OC	CUNED			
29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO Month, Day, Year)  31. DATE FILEO (Month, Day, Wer)  32. REGISTRAR'S SIGNATURE  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO Month, Day, Year)  32. REGISTRAR'S SIGNATURE  33. RAVENUE; Cumberland, MD  21502	2 Accident	28e Pt ACE OF	INJURY — At ho	me term et			281 1 004	TION /Stmat a	ad Numba	a or Brand	Bouto Mumbas		
(Check only one)  2   MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  D33280  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT (M 27) (Type, Print))  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	_ Codia not	building, a	ntc. (Specify)		out, tactory, c	ATTO III	City o	or Town, State)	na Numbe	V OF PIGER I	noute number,		
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beat of I	my knowledge, de	ath occurred	f at the time, o	fate and place, and due	to the cau	ee(s) and man	ner as sta	nted.		-	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, West) 32. REGISTRAR'S SIGNATURE											a) and manner as s	tated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE			do	-				-					
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			-	zeli					•	11/9	197		
Dr. Sunil Gupta; 625 Kent Avenue; Cumberland, MD 21502  31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, I	Print)	ן עטטעס	U			1			
						umberlan	d, M	ID 21	1502	?			
NOV 1 0 1994 A Davidson Raviall	31. DATE FILEO (Month, Day, Year)	32. REGISTRAN	S SIGNATURE										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

The state of

9

1	-	FOR STATE REGISTRAR
		REGISTRAF

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFI	CATE O	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEA									EAR	3. TIME OF DEATH		
		Edgar I	Rohrhad	NOV.		1:50	) Д. м						
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTH	PLACE (State		
	705-07-7756	1 🔀 M 2 🗆 F	88	YRS.	MONTHS DAY	B HOURS MIN.	Apr	15,19	106	Md			
	9e. FACILITY NAME (If not institution, g	ive street end number)			9b. CITY, TOW	N OR LOCATION OF D		17,17	9c. COUNT	_			
E I	Frederick Healt	hcare Cent	er	- 1	Fre	ederick			T-n	-1-	and als		
5	RESIDENCE OF DECEDENT		<u> </u>		T.T.C	derick			FI	eae	rick		
DIRECTOR	10e. STATE 10b. CO			10c. CITY	TOWN OR LO	CATION					10d. INSIDE	CITY	
5	Md.	Frederic	k		Mic	ldletown					1 YES 2		
4	100. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF V	VHAT COUNTR	177	
FUNERAL	6930 Mt. Ch	urch Rd.				21769	9		U.S.	Δ			
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED		ECENDENT OF HISPA	NIC ORIGIN?			. RACI	- American	Indien,	
<u>τ</u> Ε	1 Never Merried 2 Merried	IF YES, GIVE V	YES 2	∑ NO		specify Cuben, Mexic ES 2 X NO Speci		en, etc.)		Speci	k, White, etc.		
	3 🔀 Widowed 4 🗌 Divorced						•				White		
3	15. DECEDENT'S (Specify only highest of		18e.	OECEDENT'S I		ATION most of working	16b. K	IND OF BUS	SINESS/INDUS	TRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use	retired.)	mode of working							
를	7			wat	chman				railro	oad			
5	17. FATHER'S NAME (First, Middle, Last					16. MOTHER'S NA	AME (First, Mic						
ш	Edgar Rohrbad	ck				Esta	Fink						
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number	City or Town	n, State, Zip Co	ode)			
-	Janet Taulton			7012	Mt. Ch	urch Rd.,	Midd	letow	n, Md.		21769		
	20e. METHOD OF DISPOSITION		20b. PLA	CEANDDATEO	FDISPOSITION	(Name of	OATE		CATION - CIT		wn, State		
	1 X Burlet 2 Cremation 3 Ct 4 Donetion 5 Other (Specify)	Hemoval from State	_ Locu	ist Val	lev Ce	metery	11/5	Mid	dletov	כת	Md		
	21. SIGNATURE OF FUNERAL SERVIC	ELICENSEE			22. NAME	AND ADORESS OF F	ACILITY				110		
	1 Min 1000	111 marco			Dona	ld B. Tho	mpson	Fune	ral Ho	ome			
$\dashv$	22 PART   Salar the discourse	110100	- 4.0	1 1 5	31 E	. Main St	, Mi	<u>ddlet</u>	own, 1	1d.			
	23. PArtT I. Enter the diseesea, ahock, or heert fellu	ire. Liet only one ceu	ise on each i	ine.	ot enter the	mode of dying, suc	ch aa cerdia	c or respi	ratory arres	ŧ,		ximate al Between	
- 1	IMMEDIATE CAUSE (Final			d.								and Daath	
J	diseese or condition resulting in death)	a	Conger	Time 14	ent +	Zilme Lioyanus	_						
		OUE TO	(OR AS AGON	SEOUENCE OF	):								
<u> </u>	Sequentielly list conditions,	b		melens	in the	Lorgons	- de	lige					
	if any, leading to immediate	DUE TO	(OR AS A CON	SEOUENCE OF	):						-		
CERTIFICATION	CAUSE (Disease or injury	с											
=	that initiated eventa resulting in death) LAST	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
		d											
ונ	PART II. Other eignificent conditions contributing to death but not reculting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY FINDINGS												
5		-						PERFORMED? AVAILABLE PR					
3							[ ]	YES 2	NO		OF OEATH?		
3	DID TORACCO US	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
A P	25. WAS CASE REFERRED TO MEDICA		- 10 CA										
5	EXAMINER?	HOSPITAL:	matter-ex		QTHER:	PLACE OF OEATH (C	neck only one)						
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			-	ome 5 Residence							
	1 Natural 5 Pending	(Month, E		28b. TIME	JRY	INJURY AT WORK?	26d. DESC	RIBE HOW II	NJURY OCCUI	RED			
β	2 Accident Investigat	2 Accident Investigation				YES 2 NO							
ב	3 Suicide 6 Could not	building,	of INJURY — At atc. (Specify)	home, ferm, st	reet, factory, o	ffice		ION (Street e Town, Stete)	and Number or	Rural I	Route Number,		
	Tionsold Getermine												
COMPLE		HYSICIAN: To the best of	my knowledge,	death occurre	d at the time, d	lete end place, end du	e to the cause	(s) end men	ner es stated.	-		•	
5	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated.  One)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated.									es stated.			
	29b. SIGNATORE AND TITLE OF CERT	IFIER >	1			29c. LICENSE NU	MBER		29d DATE 9	IGNED	(Month, Day, Y	(nar)	
	within &	2. Mons	lo.,			0 - 1					-9 K	war /	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH (	TEM 27) /Time	Print)				- 17	. /			
		MANTO.				Johnson 1	Q. 7	iden	ic. and	2	2/20	2	
	31. OATE FILED (Month, Day, Year)				-4-61-4-	ו מיצייייייייייייייייייייייייייייייייייי	-1/			•	70		
	NOV OG 100	14 John d	RES SIGNATURE	Conf. 191									

BALTIMORE, MARYLAND 21215-0020	pe 6 may be retained by the hospital or attending physician.	rector, page 5 should be detached for use as the burial-transit permit.	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)		Dog	7		2. DATE OF DEATH	DAY O/	3. TIME OF DEATH
	JOHN P  4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE //	ROS'	F UNDER 1 YEAR	F 1810C0 04 1900	7. DATE OF BIRTH		
		M2 DF	54 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) May 23,1	930	BIRTNPLACE (State or Foreign Country) Pennsylvania
DIRECTOR	NORTH ARUNDEL HOSP	7.22		GLEN B	URNIE	EATH		A. COUNTY
REC	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		arroll	Mt.	Airy				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 4617 01e	d National	Pike	101.	ZIP CODE 217	771		ed States
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN polity Cuben, Maxica 2 NO Specifi	ilC ORIGIN? (Specify ) n, Puerto Rican, etc.)	ee or No— 14	4. RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EOUCAT (Specify only highest grade con	ION moleted)	18e. DECEDENT'S US	SUAL OCCUPATION done during mos	IN of warting	16b. KINO OF B	USINESS/INOUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)	st or working	11 0 /	Governm	ont
J. M.	12 17. FATHER'S NAME (First, Middle, Last)	4	Intellig	ence	40 140745010 144			lenc
	JOHN	HENRY R	OST			ME (First, Middle, Meide MENA HILDA		ECK
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or R		ode)
2	DAVID V. ROST		4617 0	ld Nati	lonal Pil	ke, Mt. A:	iry, Md	1. 21771
	20e. METNOD OF DISPOSITION  1	I from State Combinent G	PLACE AND DATE OF I	pisposition (New plece) aven Ce	me of emetery			ty or Town, State Spring, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADORESS OF FA	Stauf:	fer Fun	neral Home
	Lamonts	Palery	T.	8 E. F	Ridgevil:	le Blvd./	Mt. Air	y, Md. 21771
	23. PART I. Enter the diseases, or com	plications that causad	the death. Do not					st, Approximata
	IMMEDIATE CAUSE (Final							Interval Between Onset and Death
ŀ	resulting in death)	Cerebe DUE TO (OR AS A	CONSEQUENCE OF	12 mg	on hay			
z								
OIT	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
FIC	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants	OUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							į
	PART II. Other significant conditions c	contributing to death by	it not reculting in	the underlying	seus-sluss Is	Part Las mass		
CAL	Transition of the state of the	ontributing to death be	it not readiting in t	ine underlying	cause givan in	PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
B						1 D TES	2 NO	OF DEATH? 1 ☐ YES 2 ☐ 40
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	SUTE TO CAUSE O	DEATH YES	□ NO □	UNCERTAIN	v 🗆		T TES 2 UPAG
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	8. PLACE OF DEATH					
YSI	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Outpe	itlent 3 DOA 4			8 Other (Specify)		
H	27. MANNER OF OEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WO		28d. OEŞCRIBE HOW	INJURY OCCUI	REO
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, term, stre			28f. LOCATION (Street	t end Number or	Rural Route Number
TE	4 Nomicide detarmined	building, atc. (Speci	(y)			City or Town, Stat	9)	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C							cause(e) and menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		16M31 ~ 6		29c. LICENSE NUN			SIGNED (Month, Day, Year)
) BE	Memory.	M.D AT	PHYLIC	(200)				1 - 12 - 9 H
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Pri	#103/	GLEN BUR			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	, "100/	JEE., DOI			
	NOV 1 6 1994	Jalia d'avele	or Rarball					

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGISTHAH			EKIIFI	CAIL	OF	DEAL	п	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	DEATH		PAR	3. TIME OF DEATH
Cheri Anne Ta	rr							Nov.	4, 1	1994		3:19 A M
4. SOCIAL SECURITY NUMBER 225-25-0799	5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	IF UNDER 2 HOURS	MIN.	7. DATE OF B (Month, De) 8-15	HRTH (, Year) 1 0 7	70	Country	PLACE (State or Foreign ) Waii
9a. FACILITY NAME (If not institution, give		27	- 11101	OF CITY 7	70W/M (	R LOCATION	N OF DE		-197	9c. COUNT		
						eona:		EATH			lve	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	~		40. 0070	. TOWN OR								
Maryland Calve			132	. Lec								10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER					101	ZIP CODE				10g. CITIZI	EN OF W	HAT COUNTRY?
4910 Kings Road					1	20685				U.S.	.A.	
10e. STREET AND NUMBER 4910 Kings Road 11. MARITAL STATUS 1 💢 Never Married 2 🗆 Merried 3 🗆 Wildowed 4 🗆 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2	RMED NO	If y	res, sp	ENDENT OF ecify Cuben, 2 NO	, Mexica	NIC ORIGIN? (Sp in, Puerto Rican y:	pecify Yes (		Specify Whi	— American Indian, White, etc.
15. DECEDENT'S EDU	JCATION	16a. C	ECEDENT'S	USUAL OCC	UPATIO	N .		16b. KIN	D OF BUSI	NESS/INDU		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		'Give kind of w fe. Do NOT use	ork done du retired.)	ring mo	st of working		200,000				
12	0011090 (1-4 01 0		lever	Worke	ed			I	lone			
17. FATHER'S NAME (First, Middle, Lest)	- 77					18. MOTHE	ER'S NA	ME (First, Middle	a, Maiden S	umame)		
Walter Tarr								n Marc				
19e. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (	Street e			Route Number, C			Corde1	
Mr. & Mrs. Walter	Tarr							Port F				20676
20a METHOD OF DISPOSITION 1.1 Burlel 2 Cremation 3 Ren		20b. PLACE	E AND DATE O	F DISPOSIT	ION/Na	me of		OATE	20c. LOC/	ATION — CI	ity or Toy	vn. State
4 Donation 5 Other (Specify)		_  St.	Paul's						Prir	nce F	rede	erick, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Rai	JSC		era					es Island
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. RC DUE TO	(OR AS A CONS	EQUENCE OF	ome	,							Onset and Death  I week  Lifelone
DAOT II Other significant and disla		doubt but and	tot .									
PART II. Other algnificent condition	contributing to	death but not	resulting it	n the uno	eriyini	J ceuse gr	ven in		PERFORM	AED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DE	ATH (Ch	eck only one)				
1   YES 2   NO	1 Inpatient 2				_		Idence	6 Other (Sp				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE Of (Month, L		26b. TIME INJU	OF 2 JRY M	WO	URY AT RK? /ES 2 [	NO	28d, DESCRIE	BE HOW IN.	JURY OCCU	JREO	
	26a. PLACE C building	OF INJURY — At I	nome, farm, s	treet, factor	y, offic			28f. LOCATIO City or To		d Number o	r Rumi R	pute Number,
4 Gertifier Check only 2 MEDICAL EXAMIN												end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	u. Ben					29c. LICEN D 02						(Month, Day, Year) 1, 1994
30. NAME AND ADDRESS OF PERSON WI					mar	n Road	d, I	Lusby,	Mary	land	206	57
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE							- 1			
NOV - 7 1994		viction Ray	dall									

DHMH-16 Rev 1/89



HAND MADE AND MOST - VOL

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In or, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR			CE	:KIIE	ILAIR	OF DE	EATH		REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)				TOATE	. 0. 0.		2. DATE	OF DEATH			3. TIME OF DEATH
GRACE TOR	BERT							MONT 10	H DAY		94	3:38 PM M
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR IF U	NDER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
219-07-1218	3	1 🗌 M 2 🖵 F	86	YRS.	MONTHS	DAYS HOU	IRS MIN.	(Mont	17,19	റമ	Country	ware
9a. FACILITY NAME (If not in		reet and number)			9b. CITY	TOWN OR LO	CATION OF D		1,110		NTY OF DE	
CAROLINE N	HIRSTNG	HOME T	NC			Denton						
RESIDENCE OF DE		HOPEL, I	110.			Delicon				- CA	ROLI	NE
10s. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCATION						10d. INSIDE CITY LIMITS?
Maryland	Ca	roline			D	enton						1 YES 2 NO
10e. STREET AND NUMBER						10f. ZIP (	CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
Hickman Roa	ad_					2	1629			U	.S.A.	
11. MARITAL STATUS			T EVER IN U.S. ARI			MAS DECENDER f yes, specify (			N? (Specify Yes	or No—	14. RACE	— American Indian, White, stc.
1 Never Merried 2 3 Widowed 4 Divi		IF YES, GIVE V				YES 2			riican, atc.)		Specify	y:
					_1_			_				casian
	EDENT'S EDUC by highest grade of		(Gir	VE kind of a Do NOT us	work done	CUPATION furing most of w	vorking	16b	. KIND OF BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (		College (1-4 or 5	+)			l=ow			Homo			
4 17. FATHER'S NAME (First, A		one		HC	mema				Home			
EAST CONTINUES OF		Trice				18. 1			Middle, Maiden S			
19s. INFORMANT'S NAME (	ilton	Trice	1405					arrie				
Beverly Dee		C							ber, City or Town,			1620
20s. METHOD OF DISPOSIT		2	7	_	_	TION /Name of	liway,	_	_			
1 Donetton 5 D Other	on 3 🗆 Remo	val from State	cemetery, crer	natory or o	ther plece)			DAT			City or Tow	
21. SIGNATURE OF JUNERA		NSEE / )/	Conco	ora c		ETY	DDESS OF EA	10/2	28 Den	ton,	Mary	yland
( * * ·	al	20/1/	nin.						ne, P.A			
Cr pec	coop	7	160,5		D	rawer	B, Der	nton,	Maryl	and	2162	29
23. PART I. Enter the d	iseases, dr co	omplications the	t coused the decuse on each line.	eth. Do i	not enter	the mode of	dylng, auc	h es cerc	diec or reepin	etory are	reat,	Approximete
IMMEDIATE CAUSE (Fit		iat offiny offe cet	ise on each line.									
IMMEDIATE CAUSE (FI	nel											Interval Between Onset and Death
disease or condition	nel → 。	Pn	2.0 mon									
	e e		OR AS A CONSEQ	LA JUENCE O								
disease or condition resulting in death)	<b>+</b> .			LA JUENCE O		_						
disease or condition resulting in death)  Sequentially list condit if any, leading to imme	lons, diete		OR AS A CONSECTION OF AS A CONSECTION	LA JUENCE O								
disease or condition resulting in death)  Sequentially list condition	lons, diete	ASD DUE TO	(OR AS A CONSEC	DUENCE O	F):							
disease or condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuithet initiated evente	lions, dilete ing	ASD DUE TO		DUENCE O	F):							
disease or condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju	lions, dilete ing	ASD DUE TO	(OR AS A CONSEC	DUENCE O	F):							
disease or condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuithet initiated evente	dions, didete in in in in in in in in in in in in in	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	derlying cau			24s. WAS AN A			
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthet initieted evente resulting in deeth) LAS	ions, diete ing cry	DUE TO	(OR AS A CONSEC	DUENCE OF	F): in the un		ise given in		24a. WAS AN A PERFORN	WTOPSY NED?	24b.	Onset and Death
disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuit that initiated evente resulting in death) LAS	ions, diete ing cry	DUE TO	(OR AS A CONSEC	DUENCE OF	F): in the un		ise given in		24s. WAS AN A	WTOPSY NED?	24b.	WERE AUTOPSY FINDINGS AMILBABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuithet initiated evente resulting in deeth) LAS  PART II. Other significations of the conditions of the co	ions, diete ing cry cry diete conditione	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	DUENCE OF	F):	SCV	ise given in	Part i.	24a. WAS AN A PERFORN	WTOPSY NED?	24b.	Onset and Death  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthet initieted evente resulting in deeth) LAS	ions, diete ing cury int conditione  De Court	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	DUENCE OF SHIRTS	F):  In the un	SCV	ise given in	Part i.	24a. WAS AN A PERFORN	WTOPSY NED?	24b.	WERE AUTOPSY FINDINGS AMILBABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthet initileted evente resulting in deeth) LAS  PART II. Other signification of the condition of the co	int conditione  SE CONTR	DUE TO  CONTRIBUTE TO CA	(OR AS A CONSEO  (OR AS A CONSEO  deeth but not re  Syndro  USE OF DEAT  26. PLACE	DUENCE OF DEATH TE	in the un	SCV	se given in	Part i.	24a. WAS AN A PERFORM 1 YES 2	WTOPSY NED?	24b.	WERE AUTOPSY FINDINGS AMILBABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuite intitieted evente resulting in deeth) LAS  PART II. Other signification of the condition of the con	int conditione  SE CONTR	DUE TO  CONTRIBUTE TO CA	(OR AS A CONSEO  (OR AS A CONSEO  deeth but npt re  Syndra  USE OF DEAT  26. PLACE	DUENCE OF DEATH OF DEATH	in the un	SCV	NCERTAI	Part i.	24a. WAS AN A PERFORM 1  YES 2 (	MITOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMILBABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthet initieted evente resulting in deeth) LAS  PART II. Other signification of DID TOBACCO UDDID TO	ions, diete ing carry and conditione carry is a second carry in the conditione carry in the carr	DUE TO  CONTRIBUTE TO CA  HOSPITAL:  1   Inpetient 2	(OR AS A CONSEO  (OR AS A CONSEO  deeth but not re  yada  USE OF DEAT  26. PLACE  ER/Outpetient 3	DO DE LE DO	in the un	SCV NO EU  In yone) Ir Ing Home 5 [ 28c, INJURY A WORK?	NCERTAI	Part i.	24a. WAS AN A PERFORM 1 YES 2	MITOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMILBABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death list cause. Enter UNDERLY  CAUSE (Disease or Injuthet initiated evente resulting in death) LAS  PART II. Other signification in the condition of the c	ions, diete ING c. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. d. c. c. d. c. c. d. c. c. d. c. c. d. c. c. d. c. c. c. d. c. c. d. c. c. c. c. c. c. c. c. c. c. c. c. c.	DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CONSEO  (OR AS A CONSEO  deeth but not re  Syntax  USE OF DEAT  26. PLACE  ER/Outpetlent 3  INJURY  ay, Year)	DENCE OF DEAL PROPERTY OF THE	in the un  If (Check of Aurun)  OTHER  A DAMIN  M	SCV	NCERTAI	Part I.  N	24s. WAS AN A PERFORM 1  YES 2 {	JURY OCC	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death list cause. Enter UNDERLY  CAUSE (Disease or Injuthet initiated evente resulting in death) LAS  PART II. Other signification in the condition of the c	ions, diete ing carry and conditione carry is a second carry in the conditione carry in the carr	DUE TO  CONTRIBUTE TO CA  HOSPITAL: 1   Inpetiant 2    260. DATE OF (Month, D	(OR AS A CONSEO  (OR AS A CONSEO  deeth but not re  yada  USE OF DEAT  26. PLACE  ER/Outpetient 3	DENCE OF DEAL PROPERTY OF THE	in the un  If (Check of Aurun)  OTHER  A DAMIN  M	SCV	NCERTAI	Part i.  N	24a. WAS AN A PERFORM 1  YES 2 (	JURY OCC	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death look case. Enter UNDERLY  CAUSE (Disease or Injuthet inhiteted evente resulting in death) LAS  PART II. Other signification in the condition of the co	ions, diete ing of the	DUE TO  CONTRIBUTE TO CA  HOSPITAL: 1   Inpetient 2    26e. DATE OF (Month, D)  26e. PLACE O building.	(OR AS A CONSEO  (OR AS	DUENCE OF DEATH OF DOAL INJ	F):  F):  F):  F):  FH (Check  OTHEE  OTHEE  OTHER  Hurry  M  Intrast, factor	S C V	NCERTAII	Part i.  N	24a, WAS AN A PERFORM  1  YES 2 { or (Specify) SCRIBE HOW IN. ATION (Street an or Town, State)	JURY OCI	24b.  CURED  or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death loads or injuted in the interest of the sequence of the seque	lons, diete ING c. di not conditione conditi	DUE TO  CONTRIBUTE TO CA  HOSPITAL:    Inpetient 2    26e. PLACE Of Month, D  26e. PLACE Of building.	(OR AS A CONSEO  (OR AS	DUENCE OF DEATH INJ	in the un  TH (Check  OTHES  A THURY  M  Intrast, tectors  and at the till	S C V	NCERTAII Realdence T 2 NO	Part i.  6 Other  26d. DES	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN.  ATION (Street a.r. or Town, State)	JURY OCC	24b.  CURED  or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting list condition in the course. Enter UNDERLY  CAUSE (Disease or Injuted in the initiated evente reaulting in deeth) LAS  PART II. Other signification in the course of the condition in the course of the c	Ions, diete ing carry and conditione carry and conditione carry and carry an	DUE TO  CONTRIBUTE TO CA  HOSPITAL:    Inpetient 2    26e. PLACE Of Month, D  26e. PLACE Of building.	(OR AS A CONSEO  (OR AS	DUENCE OF DEATH INJ	in the un  TH (Check  OTHES  A THURY  M  Intrast, tectors  and at the till	S C V	NCERTAII Realdence T 2 NO	Part i.  6 Other  26d. DES	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	24b.  CURED  or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death loads or injuted in the interest of the sequence of the seque	Ions, diete ing carry and conditione carry and conditione carry and carry an	DUE TO  CONTRIBUTE TO CA  HOSPITAL:    Inpetient 2    26e. PLACE Of Month, D  26e. PLACE Of building.	(OR AS A CONSEO  (OR AS	DUENCE OF DEATH INJ	in the un  TH (Check  OTHES  A THURY  M  Intrast, tectors  and at the till	SCV  only one)  ing Home 5  26c. INJURY A WORK?  1 YES  ory, office	NCERTAII Realdence T 2 NO	Part I.  6 Other  26d. DES  26f. LOC  City  to the caustime, date	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	CURED  or Rural Ro  ted.  se cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injutent inkileted evente resulting in deeth) LAS  PART II. Other signification of the condition of the con	Ions, diete ING ING ING ING ING ING ING ING ING ING	DUE TO  CONTRIBUTE TO CA  HOSPITAL: 1 Inpatient 2  28s. DATE OF (Month, D)  26s. PLACE Of building,  IAN: To the best of s	(OR AS A CONSEO  (OR AS	DUENCE OF DEAL TIME TO THE TENT OF THE TEN	in the un  F):  F):  FH (Check  OTHER  HURY  M  Intrast, tector  and at the till  in, in my o	SCV  only one)  ing Home 5  26c. INJURY A WORK?  1 YES  ory, office	NCERTAII Realdence TO NO	Part I.  6 Other  26d. DES  26f. LOC  City  to the caustime, date	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	CURED  or Rural Ro  ted.  se cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition reaulting in death)  Sequentially list condition reaulting in death)  Sequentially list condition reaulting list condition in the course. Enter UNDERLY  CAUSE (Disease or Injuted in the initiated evente reaulting in deeth) LAS  PART II. Other signification in the course of the condition in the course of the c	Ions, diete ING ING ING ING ING ING ING ING ING ING	DUE TO  CONTRIBUTE TO CA  HOSPITAL: 1 Inpatient 2  28s. DATE OF (Month, D)  26s. PLACE Of building,  IAN: To the best of s	(OR AS A CONSEO  (OR AS	DUENCE OF DEAL PROPERTY OF THE	in the un  If (Check  OTHER  A Win  E OF  URY  M  Intrast, faction  of at the till  of in, in my o	S C V	NCERTAII Realdence TO NO	Part I.  6 Other  26d. DES  26f. LOC  City  to the caustime, date	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	CURED  or Rural Ro  ted.  se cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition from the course. Enter UNDERLY CAUSE (Disease or Injutent infilieted evente resulting in deeth) LAS  PART II. Other signification in the course of th	Ions, diete ING ING ING ING ING ING ING ING ING ING	DUE TO  DUE TO  CONTRIBUTE TO CA  HOSPITAL:    Inpetiant 2     28s. DATE Of (Month, Didliding, Date of a complete cause)	(OR AS A CONSECTION OF INJURY AVENUAL SE OF DEATH (ITEM P 20)	DUENCE OF DEAL PROPERTY OF THE	in the un  If (Check  OTHER  A Win  E OF  URY  M  Intrast, faction  of at the till  of in, in my o	SCV  only one)  ing Home 5  26c. INJURY A WORK?  1 YES  ory, office	NCERTAII Realdence TO NO	Part I.  6 Other  26d. DES  26f. LOC  City  to the caustime, date	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	CURED  or Rural Ro  ted.  se cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthet initieted evente resulting in deeth) LAS  PART II. Other signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the signification in the significant in the sign	Ions, diete ING ING ING ING ING ING ING ING ING ING	DUE TO  DUE TO  CONTRIBUTE TO CA  HOSPITAL: 1   Inpetiant 2   28s. DATE Of (Month, Didliding, Date of second part of second pa	(OR AS A CONSEO  (OR AS	DOA DOA TIME TO THE TENT OF TH	in the un  If (Check  OTHER  A Win  E OF  URY  M  Intrast, faction  of at the till  of in, in my o	S C V	NCERTAII Realdence TO NO	Part I.  6 Other  26d. DES  26f. LOC  City  to the caustime, date	24a. WAS AN A PERFORM 1  YES 2 ( or (Specify)  CRIBE HOW IN. ATION (Street a.r. or Town, State)	JURY OCC	CURED  or Rural Ro  ted.  se cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

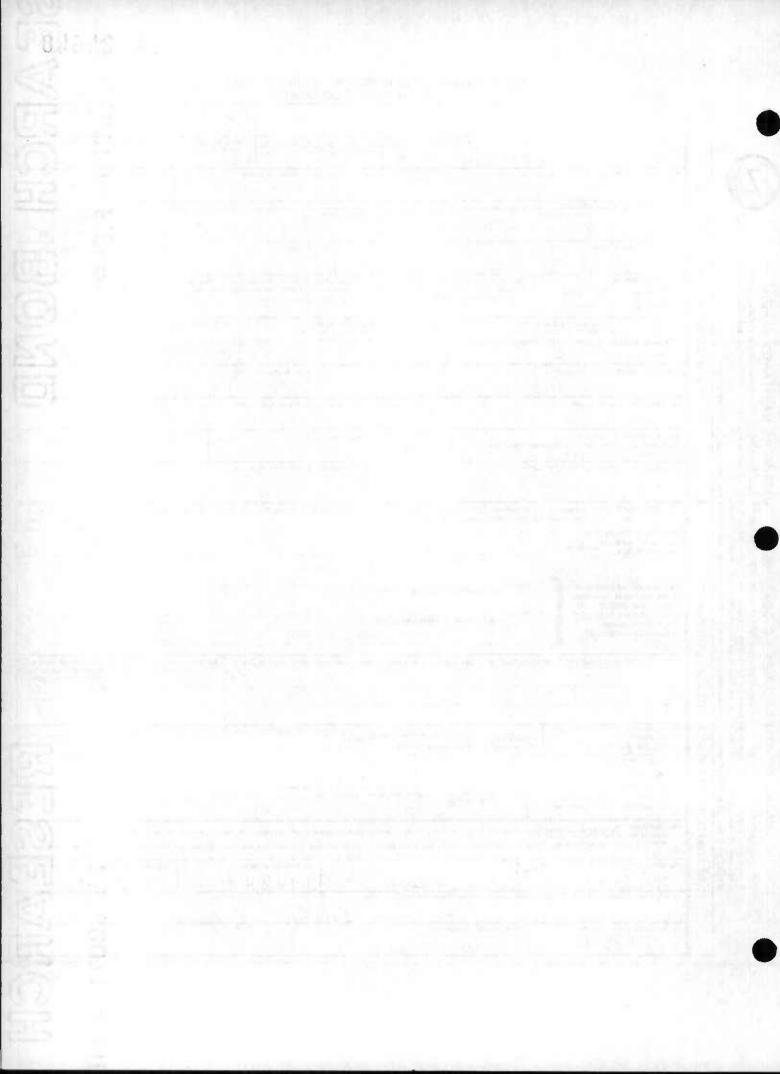
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
June	T.	Townsley			Oct. 20,	1994	9:55 A
4. SOCIAL SECURITY NUMBER 578-34-2775	1 🗆 M 2 🖾 F	AGE (In yrs. leat birthdey) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 2,	Cour	
9a. FACILITY NAME (If not institution, give 815 Manhattan B				na Park	EATH	Anne A	
10s. STATE 10b. COUNT	nne Arunde		Y, TOWN OR LOCA	Severna	Park		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 815 Manhattan Be	ach Road		10	21146		10g. CITIZEN OF U.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) by:	Spe	CE — American Indian, ck, White, atc. cdy: Casian
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 HS grad	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mose retired.)  1 teache	st of working	SEATMENT A	USINESS/INDUSTRY	ices/ Education
17. FATHER'S NAME (First, Middle, Leet)	aniel Tho	ompson		18. MOTHER'S NA	ME (First, Middle, Maider y Agnes Ov		
19a. INFORMANT'S NAME (Type/Print)	anner mic		Annue / Street		Route Number, City or To		
Carol J. Dorr					Ridgely, M		21660
20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE cometery, cremetery or of Ridgely	of disposition (Na other pieca) Cemetery			ocation - chy or	
21. SIONATURE OF FUNERAL SERVICE LI	CENSEE M	Mr.	Moore		Home, P.A ton, Maryl		20
Sequentially list conditions, if eny, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. CVA DUE TO (OF	R AS A CONSEQUENCE O	F):				
PART II. Other eignificant condition	d	eth but not resulting	In the underlyin	g cause given in		PRMED?	b. WERE AUTOPSY FINDIN AMALASILE PRIOR TO COMPLETION OF CAUS OF 0EATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C)	neck only one)		
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	1 □ Inpatient 2 □ El  28a. DATE OF IN. (Month, Day,		E OF 28c. IN.	URY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	112
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26e. PLACE OF II building, etc	NJURY — At home, farm, c. (Specify)			28f. LOCATION (Street City or Town, State	t and Number or Rural e)	Route Number,
	ER: Dn the beale of exam	knowledge, death occur nination and/or investigation			time, data and place, a	and due to the cause	(a) and menner as stated
Michel (Hd	1/1401-	MID		D1+8	4+	10-2	0-94
30. NAME AND ADDRESS OF PERSON W MChael R P A 31. DATE FILED (Month, Day, Year) OCT 25 394	therton.  32. REGISTRAR'S	M.D 53	-	erive I	or, Ann	Apolis,	Md 2,40



# BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE FUNERAL DIRECTOR: After this certificate has been soned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			IYGIENE IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
	Robert	.ee		Thomas		Oct.	15	1994	
1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	8. BIF	ITHPLACE (State or Foreign
	214-28-1287  9e. FACILITY NAME (If not institution, give s	1 X M 2 F	62 YRS.	MONTHS DAYS	HOURS MIN.	03/1		Ма	uryland
œ	Memorial Hospi	,	eton	East	OR LOCATION OF DE	ATH	9c.	COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	cal of Ea.	3 (011	East	. 011			Talb	001
Ä	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION		-		10d. INSIDE CITY
	Maryland Ca	aroline			Presto	n			LIMITS? KXYES 2 NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g.	CITIZEN OF	F WHAT COUNTRY?
Ä	Post Office	Box 174			2	21655	Un	ited	States
FUNERAL	11. MARITAL STATUS  1 X Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 XYES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yee or No	- 14. RA	ACE - American Indian, ack, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		2 NO Specify		, 400.)		edly: Black
	15. DECEDENT'S EDUC	Korean	180. DECEDENT'S	IIIAI OCCUPATIO	M	405 810	ID OF BUSINESS	- MADIOTES	
	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(Give kind of w	ork done during mo	st of working				
PL	Tenth	College (1-4 or 5+)	Truck 1	river/	Service	Ga	s & 0i	1 Co	mpany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middl	le, Maiden Surnan	ne)	
		Gabriel 7	Thomas		Nellie				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural R	Route Number, (	City or Town, State	, Zip Code)	
2	Loretta Nichol	s	P.O.	Box 17	4, Pres	ston,	MD 21	655	
	20e. METHOD OF DISPOSITION 1 DXBuriel 2 Cremetion 3 Removed		b. PLACE AND DATE O		me of	DATE	20c. LOCATION	V — City or	Town, State
	4 Donation 5 Other (Specify)	1	Mt. Plea	asant C	emetery	10-1	B Pres	ton.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	ID ADDRESS OF FAC	CILITY			
	<b>•</b>			PO Bo	x 43, F	edera	alsbur	g. M	eral Home ID 21632
	23. PART i. Enter the diseases, or canock, or haert feilure.  IMMEDIATE CAUSE (Finei disease or condition resulting in daeth)	Liet only one cause on e prostate	d the deeth. Do neech line.  CAUCES A CONSEQUENCE OF	4	de of dying, such	n se cerdiec	or respiratory	errest,	Approximete interval Between Onset and Death Z YVS ,
		DOE TO (OR AS /	A CONSEQUENCE OF	7:					<b>'</b>
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF	):					
S	cause. Enter UNDERLYING	e.							
Ē	CAUSE (Disease or injury thet initieted events	DUE TO (OR AS /	A CONSEQUENCE OF	):					
	resulting in deeth) LAST	d							
0	PART ii. Other eignificent condition	s contributing to deeth b	out not resulting i	n the underiving	ceuse given in I	Part i 24e	. WAS AN AUTOF	ev 1	4b. WERE AUTOPSY FINDINGS
CAL				and only mi	, could given in		PERFORMED?	"   "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI						—   ¹[	YES 2 NO	·	OF DEATH?
Σ	DID TOBACCO USE CONTI	DIBLITE TO CALISE O	NE DEATH VE	C D NO E	LINICEDTAIN				1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	GBOTE TO CAUSE C	28. PLACE OF DEAT		UNCERIAIN	1 1 1			
SIC	EXAMINER?	HOSPITAL:		OTHER:	s 5 Reeldence 8	0 000	-14.1		
Ħ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT		BE HOW INJURY	OCCURED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJU		RK? 'ES 2 NO				
- 4	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, ferm, a	Irest, fectory, office	,	28f. LOCATIO	N (Street and Nu	mber or Rura	if Route Number,
国	4 Homicide determined	building, atc. (Spec	City)		İ	City or lo	wn, State)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my know	riedge, death occurre	d at the time date	end place, and due t	to the cause/s	) and manner	halists	
W		R: On the basis of examination							e(s) end manner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIES				29c, LICENSE NUM				
B	HOLL SULK	-			77500	7	290.	10/1	ED (Month, Day, Year)
					1161111				1 1 1 4
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	N2180.	7		17//	0/19
۶	30. NAME AND ADDRESS OF PERSON WHO  AND SM ( 74)  31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE		re Eas	m Mo	7 711	50/	-77	<i>\$</i>   (4

31. DATE FILED (Month, Day, Year) OCT 28 1994

32 AEGISTRAR'S SIGNATURE

1 - STATE REGISTRAR		CERTIF	ICALE OF	DEALH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	izabeth	J.	Texier			26 1994	
4. SOCIAL SECURITY NUMBER 096-10-1661	5. SEX 6	AGE (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/25/03	8. Bi	RTHPLACE (State or Foreign untry)
Berlin Nursing I			96. CITY, TOWN Ber	OR LOCATION OF D	EATH	9c. COUNTY O	r DEATH Cester
10a, STATE 10b, COUNT	Fulton Page	(6.3)	TY, TOWN OR LOCA	rille Co	Hege Pur	K	10d. INSIDE CITY LIMITS?  1X YES 2 NO
154 Prospect A	Ive. 4618	College Av	e 10	12078	20740		JSA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT IN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:		ACE — American Indian, lack, White, atc. pecify: White
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT		ost of working	16b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last) Adam Corey			ookkeep	18. MOTHER'S NA	ME (First, Middle, Maiden Greenfield		istry
190. INFORMANT'S NAME (Type/Print) Allin Texier		19b. MAILIN	G ADDRESS (Street		Route Number, City or Tow		)
20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cometery forematory of Fernd	OF DISPOSITION /N	ame of		CATION — City o	
21. SIGNATURE OF UNEBAU SERVICE LI	Bulac		22. NAME A	ND ADDRESS OF FA	St. Berlin	e Fune	ral Home 21811
23. PART I. Enter the discesse, or shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Att	on each lina.	erotei		th an cardiec or reap		Approximate Interval Betw. Onset and Da
Sequentially list conditions, if any, leading to immediate	b	R AS A CONSEQUENCE (					
cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in death) LAST	c. DUE TO (O	R AS A CONSEQUENCE (	DF):				
PART II. Other aignificent condition	na contributing to de		in the underlyin	ng cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS
ASCVD & Selgure	er to Disora	ell ag		72 2.21	1 TYES 2	. X NO	OF DEATH?
ASCVD S SCIGULO 25. WAS CASE INTERPRED TO MEDICAL EXAMINERY	pipo pa pideis HOSPITAL:	eld ag	26. P	LACE OF DEATH (C)		X NO	OF DEATH?
25. WAS CASE INTERPRET TO MEDICAL EXAMINERY 1 YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5 Pending		FR/Outpetlent 3 DOA	26. P OTHER: 4 Nursing Hor MUURY W	ne 5 Residence JURY AT ORK?			OF DEATH? 1 □ YES 2 🔏 NO
25. WAS CASE PHY DIRECTION MEDICAL EXAMINENT 1 YES 2 X NO  27. MANNER OF DEATH	1 □ Inpetient 2 □ E  28e. DATE OF IN (Month, Day,	IR/Outpetient 3 DOA JURY 28b. Till NJURY At home, farm.	OTHER: 4 Nursing Hor ME OF 28c. IN W M 1	ne 5  Residence JURY AT ORK? YES 2 NO	8 Other (Specify)	NJURY OCCURED	OF DEATH? 1 □ YES 2 🛣 NO
25. WAS CASE IN THIRD TO MEDIAL EXAMINERY  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	28a. DATE OF IN (Month, Day.  28a. PLACE OF is building, etc.	R/Outpetient 3 DOA  JURY 28b. Til  NJURY — At home, farm, c. (Specify)  y knowledge, death occur	26. P OTHER: 4 Nursing Hor ME OF 28c. IN MURY W 1  street, factory, office	me 5 Residence JURY AT ORK? YES 2 NO ce	8 Describe How I 28d. Describe How I 28f. Location (Street City or Yown, State)	NJURY OCCURED	OF DEATH? 1 □ YES 2 (X NO

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within bours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use a second page 1 should be detached for use a second page 1 should be detached for use a second page 1 should be detached for use as the burial-transit permanent of a second page 1 should be detached for use a second page 1 should be detached for use a second page 1 should be detached for use a second page 1 should be detached for use a second page 1 should be detached for use 1 should
0,	ithii	letely fi
9289	cuted w	д сошр
OX 6	be exe	ician an
D. B	rtificate	Syling physical
P.	eath ce	attendir
RDS	it the d	by the
CO	ires tha	Signed death
RE	w requ	been s
ITAI	The A	cate ha
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	YSICIAN	s certific
NC	NG PH	fter thi.
ISIC	TENDI	A HOT
DIV	OR AT	DIREC
_	-4	4 -

4. SOCIAL SECTION AND SECTION	4. SOCIAL SECURITY NUMBER  222-05-4639  9e. FACILITY NAME (If not Institution, give sto PEN INSULA REGION PESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10e. STREET AND NUMBER  32617 Cetton  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade to the property of the prope	S. SEX  1  M 2 F  Parent and number)  NAL MEDICAL (  12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DATE OF THE PERSON OF T	N U.S. ABMED 2 NO ATES  196. MAIL PO O D. PLACE AND DA pelery, crematory	SA  SECTY, TOWN OR L  13. WAS If ye 1      13. WAS If ye 1      14. WAS If ye 1      15. USUAL OCCU of work done durin if use retired.)  16. The OF DISPOSITION  THE OF TH	FUNDER 24 HRS. AYS HOURS MIN. DWN OR LOCATION OF E. LISBURY  LOCATION  101. ZIP CODE  21871  5 DECENDENT OF HISPIPE, specify Cuben, Markel YES 2 NO Specify	ANIC Offigin? (Specifien, Puerto Rican, stority:  16b. KIND OF  Page AME (First, Middle, Ma	1919 9c. COU W 10g. CIT Uni y Yea or No— Hoden Surname) Shen Town, State, Zi	BIRTHPLACE (Sta Country)  N. Care  UNTY OF DEATH  I COMICO  10d. INSIE LIMIT  1 □ YES  TIZEN OF WHAT COUNT  14. RACE — Americ Black, White, at Specity:  BLACK — AMERICAN SPECITY  BLACK —
TOTAL THE TABLE (PROCESSOR TO THE TABLE )  TOTAL TO THANK (FOR INSTRUCT, CARE MAY STATE AND ADDRESS AN	9a. FACILITY NAME (If not institution, give sto PEN INSULA REGION PEN INSULA REGION 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade 15. DECEDENT'S EDUC (Specify only highest grade 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19burlel 2 Cremetton 3 Remod 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	I M 2 F  Street and number)  NAL MEDICAL (  Y  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA  CATION Completed)  Collège (1-4 or 5+)	N U.S. ABMED 2 NO ATES  196. MAIL PO O D. PLACE AND DA pelery, crematory	96. CITY, TO SA  13. WAS If ye 1   T'S USUAL OCCU of work done durin T use refired.)  ING ADORESS (SI  BOX 62	NOWN OR LOCATION OF ELISBURY  LISBURY  101. ZIP CODE  21871  DECENDENT OF HISPIRA, specify Cuben, Marke YES 22 NO Specify Cuben, Marke YES 24 NO Specify Cu	Month, Day, Yee  12-24.  ANIC Offigin? (Specify)  Inc. KIND OF  AME (First, Middle, Me  Route Number, City of	1919 9c. COU W 10g. CIT Uni y Yea or No— 10g	UNITY OF DEATH VI COMICO  10d. INSID. LIMIT 1 VES  TIZEN OF WHAT COUN  1d. RACE — Americ. Black, White, at Specify:  DUSTRY
No. COUNTY OF DEATH  S. POLITIFIC PROPERTY  S. POLITIFIC PROPERTY  S. POLITIFIC PROPERTY  S. POLITIFIC PROPERTY  S. COUNTY OF DEATH  WILLIAM COUNTY  S. COUNTY  S	9e. FACILITY NAME (If not Institution, give stored to the property of the prop	PAL MEDICAL ( Y  12. WAS DECEDENT EVER IN FORCES? 1  YES IF YES, GIVE WAR OR DA  CATION Completed)  College (1-4 or 5+)	N U.S. ABMED 2 NO ATES  16a. DECEDEN (Give kinc. He. Do NO 19b. MAIR PO D. PLACE AND DA Pelery, crematory	13. WAS If ye 1 Use refired.)  13. WAS If ye 1 Use refired.)  14. WAS IN YES IN	OCATION  101. ZIP CODE  21871  S DECEMBENT OF HISPIRA, specify Cuben, Markel VES 22 NO Specific Northern of Markel VES 24 NO Specific Northern of Number of Rural treet and Number of Rural Report Number of R	ANIC Offigin? (Specifican, Puerto Ricen, etc.  16b. KIND OF  Para AME (First, Middle, Me	10g. CIT Uni y Yea or No— 1)  F BUSINESS/INI Iden Surname) Town, State, Zi	IOMICO  10d. INSIDELIMIT  1 UPS  TIZEN OF WHAT COUN  14. RACE — America Black, White, at Specify:  Black Tizen of What County Co
PENTISULA RECIONAL MEDICAL CENTER  SALISBURY  WESTERS  100. COUNTY  100. STREET AND IMMARKER  100. STREET AND IMMARKER  100. COUNTY  100. STREET AND IMMARKER  100. COUNTY  100. STREET AND IMMARKER  10	PENINSULA REGION RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 32617 Cotton 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the property of	NAL MEDICAL ( Y  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA  CATION Completed)  College (1-4 or 5+)	N U.S. ARMED 2 NO ATES  164. DECEDEN Iffe. Do NO 19b. MAIL PO D. PLACE AND DA petery, crematory	13. WAS If ye 1 USUAL OCCU of work done durin T use retired.)  IT'S USUAL OCCU of work done durin T use retired.)  IT'S USUAL OCCU of work done durin T use retired.)	OCATION  101. ZIP CODE  21871  S DECEMBENT OF HISPIRA, specify Cuben, Markel VES 22 NO Specific Northern of Markel VES 24 NO Specific Northern of Number of Rural treet and Number of Rural Report Number of R	ANIC Orligin7 (Specifican, Puerto Rican, etc.  16b, KIND OF  AME (First, Middle, Me	10g. CIT Uni  y Yea or No—  b)  BUSINESS/INI  they  iden Surname)	TICOMICO  10d. INSID LIMIT 1 YES TIZEN OF WHAT COUN  1d. RACE — Americal Black, White, at Specify:  Black DUSTRY
100   100	10e. STREET AND NUMBER  32617 Coston  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the content of the cost of t	12. WAS DECEDENT EVER IN FORCES? 1   YES IF YES, GIVE WAR OR DA CATION   Completed)  College (1-4 or 5+)	N U.S. ARMED 2 INO ATES  16a. DECEDER (Give kincum) Ind. Do NO 19b. MAII POO D. PLACE AND DA petery, crematory	13. WAS If ye 1   T'S USUAL OCCU of work done durin T use retired.)  THE OF DISPOSITION of the place!	161. ZIP CODE  21871  S DECEMBENT OF HISPA  B, specify Cuben, Marke  I YES 22 NO Spec  SPATION  Ing most of working  18. MOTHER'S N  T. 11  treet and Number or Rural  8. P. C. Market  8. P. C.	AME (First, Middle, Ma	Uni y Yea or No— ,)  F BUSINESS/INI  Town, State, Zi	TIZEN OF WHAT COUNTY  1 YES  TIZEN OF WHAT COUNTY  14. RACE — Americal Black, White, at Specify;  Black White, at Specify;  Black White, at Specify;
100   100	10e. STREET AND NUMBER  32617 Coston  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the content of the cost of t	12. WAS DECEDENT EVER IN FORCES? 1  YES IF YES, GIVE WAR OR DAY OCCATION COATION COMPleted) College (1-4 or 5 +)  20b. cere	N U.S. ABMED 2 INO ATES  164. DECEDEN (Give kinc. III. Do NO III. Do NO D. PLACE AND DA pelery, crematory	13. WAS If ye I T'S USUAL OCCU of work done durin T use retired.)  ING ADORESS (SI BOX 67  TEO PISPOSITE Or other place)	DECEMBENT OF HISPARA, specify Cuben, Maxie YES 22 NO Specific No. Spec	AME (First, Middle, Ma	Uni y Yea or No— ,)  F BUSINESS/INI  Town, State, Zi	1 VES TIZEN OF WHAT COUN  Ted Stat  14. RACE America Black, White, and Specify: Black
100   100	10e. STREET AND NUMBER  32617 Coston  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the content of the cost of t	12. WAS DECEDENT EVER IN FORCES? 1  YES IF YES, GIVE WAR OR DAY OCCATION COATION COMPleted) College (1-4 or 5 +)  20b. cere	N U.S. ABMED 2 INO ATES  164. DECEDEN (Give kinc. III. Do NO III. Do NO D. PLACE AND DA pelery, crematory	13. WAS If ye I T'S USUAL OCCU of work done durin T use retired.)  ING ADORESS (SI BOX 67  TEO PISPOSITE Or other place)	DECEMBENT OF HISPARA, specify Cuben, Maxie YES 22 NO Specific No. Spec	AME (First, Middle, Ma	Uni y Yea or No— ,)  F BUSINESS/INI  Town, State, Zi	ted Sta  14. RACE — America Black, White, at Specify:  Black
DOUBLING    TYPES ONE WAR ON DATES   1	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the control of the cont	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA  CATION COMPleted)  College (1-4 or 5+)	2 ANO ATES  16a. DECEDEN (Give kinc ifte. Do NO 19b. MAII POO D. PLACE AND DA pelery, crematory	IT'S USUAL OCCU of work done during use retired.)  ING ADORESS (SI  TEO F DISPOSITE or other place)	B DECENDENT OF HISPA sa, specify Cuben, Marke YES 2 NO Spec Special No Special No. Spec	AME (First, Middle, Ma	y Yea or No—  BUSINESS/INI  iden Surname)  Town, State, Zi	14. RACE — Americ Black, White, at Specity: Black
DOUBLING    TYPES ONE WAR ON DATES   1	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the control of the cont	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA  CATION COMPleted)  College (1-4 or 5+)	2 ANO ATES  16a. DECEDEN (Give kinc ifte. Do NO 19b. MAII POO D. PLACE AND DA pelery, crematory	IT'S USUAL OCCU of work done during use retired.)  ING ADORESS (SI  TEO F DISPOSITE or other place)	B DECENDENT OF HISPA sa, specify Cuben, Marke YES 2 NO Spec Special No Special No. Spec	AME (First, Middle, Ma	y Yea or No—  BUSINESS/INI  iden Surname)  Town, State, Zi	14. RACE — Americ Black, White, at Specity: Black
DOUBLING    TYPES ONE WAR ON DATES   1	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of the control of the cont	IF YES, GIVE WAR OR DA  ICATION  Completed)  College (1-4 or 5+)  20b.  cere	16a. DECEDEN (Give kincument) (ine Decedent) (ine D	IT'S USUAL OCCUL of work done durin If use refired.)  ING ADORESS (SI  TEOF DISPOSITIO or other place)	PATION  18. MOTHER'S N  TSTII  treet and Number or Rura	AME (First, Middle, Me	BUSINESS/INI  iden Sumame)  lown, State, Zi	Specify: Black IDUSTRY
Secretary Support   Supp	15. DECEDENT'S EDUC (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify) 19. INFORMANT'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Type/Print)  20a. METHOD OF DISPOSITION 1	College (1-4 or 5+)  College (1-4 or 5+)  Loval from State	(Ghe kinc ife. Do NO In Do NO 19b. MAIR PO Ob. PLACE AND DA Pelery, crematory	ind work done during use retired.)  ING ADORESS (SI  Rea S 3  TE OF DISPOSITIOn of the place)	18. MOTHER'S N T.1711 treet and Number or Rural	AME (First, Middle, Me Parts Number, City or	iden Surname)  Ghen  Town, State, Zi	
198. MARIANG ADDRESS (Sized and Number or Rural Route Name) Carly or Son. Sizes. Zo Colo)	19e. INFORMANT'S NAME (Type/Print)  Connic Require  20e. METHOD OF DISPOSITION  1	College (1-4 or 5+)  College (1-4 or 5+)  Loval from State	(Ghe kinc ife. Do NO In Do NO 19b. MAIR PO Ob. PLACE AND DA Pelery, crematory	ind work done during use retired.)  ING ADORESS (SI  Rea S 3  TE OF DISPOSITIOn of the place)	18. MOTHER'S N T.1711 treet and Number or Rural	AME (First, Middle, Me Parts Number, City or	iden Surname)  Ghen  Town, State, Zi	
189. INFORMANTS NAME (Properties)  189. INFORMANTS	19e. INFORMANT'S NAME (Type/Print)  Connic Require  20e. METHOD OF DISPOSITION  1	noval from State Com	19b. MAR P. O. D. PLACE AND DA	ING ADORESS (SI  Rev 62  TE OF DISPOSITION or other place)	Tillia treet and Number or Rura 58 Pacame	AME (First, Middle, Ma	iden Surname)  Chen r Town, State, Zi	
189. INFORMANTS NAME (Properties)  189. INFORMANTS	19e. INFORMANT'S NAME (Type/Print)  Connic Require  20e. METHOD OF DISPOSITION  1	noval from State 20b.	19b. MAIL PO. PLACE AND DA netery, crematory	Box 63 TE OF DISPOSITIO	Tillia treet and Number or Rura 58 Pacame	AME (First, Middle, Ma	iden Surname)  Chen r Town, State, Zi	
189. INFORMANTS NAME (Properties)  189. INFORMANTS	19e. INFORMANT'S NAME (Type/Print)  Connic Require  20e. METHOD OF DISPOSITION  1	noval from State 20b.	P.O.	Box 63	Tillia treet and Number or Rura 58 Pacame	Provide Number, City of	ighen Town, State, Zi	
199. MEALING ADDRESS (Street and Number of Partif Fourth Number, City or Town, Sink, Zip Cody)  199. MEALING ADDRESS (Street and Number of Partif Fourth Number, City or Town, Sink, Zip Cody)  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE AND DATE 10.  209. PLACE FOR PLACE AND DATE 10.  209. PLACE OF	19e. INFORMANT'S NAME (Type/Print)  CONTINE POLICY  20e_METHOD OF DISPOSITION  1	noval from State 20b.	P.O.	Box 63	treet and Number or Rura	Route Number, City or	Town, State, Zi	ip Code)
DETERMINENT OF DISPOSITION  20. FLACE AND DATE OF DISPOSITION (Name of Control Property of Control Con	Consider Policy  20s_METHOD OF DISPOSITION  1	com	P.O.	Box 63	8 Paceme			ID COOR)
Sequentially list conditions and enter INDERTING (Disease or injury mit inflated events reaching in death)   Due TO (OR AS A CONSCOURNE OF):    Sequentially list conditions contributing to deeth but not resulting in the underfying cause given in Part I.   Due TO (OR AS A CONSCOURNE OF):   Due TO (OR AS A CONS	20e_METHOD OF DISPOSITION 1	com	PLACE AND DA	TE OF DISPOSITIO		Ke CHIEF		
Comment   Comm	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	com	netery, crematory	or other place)	M /Alama of	DATE 20		
23. PART I. Enter the diseases, or complications that caused the distill. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such time.    MMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):	21. SIGNATURE OF FUNERAL SERVICE LICE		TELEF					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervolved above, or host failure. List only one cause on each line.  WMEDIATE CAUSE (Final disease or conditions)  B. DUE TO (OR AS A CONSCIUNCE OF):  D				22, NAI	ME AND AODRESS OF F	ACII ITV		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervious enough the shock, or heart failure. List only one cause on sech time.    IMMEDIATE CAUSE (Final diseases or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):   // OR AS A CONSEQUENCE OF):			0.11.0	Sal	lage Fun	tral He	me P.	.0.Bx46
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON	1/1/	CF. X	aly			1. Va . 23/	15	
H siry, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	disease or condition	DUE TO (OR AS A	RACRI CONSEQUENCE	ANIAL EOF:	HEMOR	RH46E	,	
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.    24a, WAS AN AUTOPSY PERFORMED?   24b, WER AUTOPAMALABLE PROPERTY   24c, WAS AN AUTOPSY PERFORMED?   24c, WAS	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENC	E OF):	HYPER	ENSIG	N .	У.
PART II. Other alignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.    A	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENC	E OF):				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1		ne contributing to deeth b	out not resulti	ng in the under	rlying ceuse given is	Part i. 24a. WA		
Accident Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Cay: 100 July 100		FibRIAL	ATION	1				OF DEATH:
M 1 VES 2 NO    Accident   Investigation   Investigation   Suicide	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH (C	heck only one)		
Accident   Investigation   3   Suicide   8   Could not be determined   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	EXAMINER?	HOSPITAL:	nationt 3 00	OTHER:				
Accident   Investigation   Sea. PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	27. MANNER OF DEATH	28s. DATE OF INJURY						CCURED
2   Accident 3   Suicide 4   Homicide 5   Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office 4   Homicide 6   City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	III 1/2   Nerviel 3   Pending	(Month, Day, Year)				A. SHEET		
4 Homicide determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner se stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Osc. 1) 1 2 2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 5 7 6 2 3 3 3 5 7 6 2 3 3 3 5 7 6 2 3 3 3 5 7 6 2 3 3 3 5 7 6 2 3 3 5 7 6 2 3 3 5 7 6 2 3	0 0 0 1:14	28a. PLACE OF INJURY	— At home, fa			281. LOCATION (SI	reet and Numbe	er or Rural Route Numb
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Only 19 10 10 10 10 10 10 10 10 10 10 10 10 10	4 Homicide determined	building, atc. (Spec	criy)			City or Town, S	itate)	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Only 19 10 10 10 10 10 10 10 10 10 10 10 10 10	290. CERTIFIER	CIAN. To the heat of my trans-	de dese de este es	-UESV	4			
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Only 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(Check only one) 2 MEDICAL EXAMINE							
DS NAME AND ADDRESS OF PERSON WHO SOMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	III 206 DICHATURE AND TITLE OF CERTIFIER	B /	,		29c. LICENSE NU	JMBER	29d. DA	TE SIGNED (Month Oe
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		Tust			D364	76	<b>•</b>	10/24/9
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (					17/
/ RONAND P. TRAVITE MD SAGISBURY MB ZIBOI	/ KONHAD	P. TRAVI	TE A	D S.	4915 BUR	> ME	5 <	1081

THE PRODUCTION

12-24,1113 a.uezulina

essystapy rest

32617 Ometen Rd.

1) 1,

records.

Pittmen Dillie Dreughen

Carmie Forme L.C. C. C. E. B. Mocamake City, M. 2121

i Carlet Jea. Possaske Jeconoke Llig, Pc.

dana.O. i ene Lement og sved

en dimed, ve. 23, 15

# BALTIMORE, MARYLAND 21215-0020 fter death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 3.1.2.3.3.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDAD PHYSICIAN. The law requires that the death conflictue has be recented with

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he fled within 72 hours after death with the State Denr of Heath and Mental Hymine prior to burial cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
aw requires that the death certificate be executed wi	s been signed by the attending physician and comple out of Health and Mental Hydiene prior to burial cre	3 shows any injury, or other traumatic ever
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dent of Health and Mental Hunjene prior to burial cremation or remanal	IMPORTANT: If Item 28 is marked, or Item 2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF OEATH  3. TIME OF DEATH
	MAUDE PERDUE TRUTTT 10/ 22 AY 94 FAR 9 50. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPEACE (State or Foreign
3	212_10_0292 1 M 2 F 02 YBS MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)
	1 4/29/01 Isnow Hill, Md
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
Ö	Harrison House Nursing Home Snow Hill Worcester
5	RESIDENCE OF DECEDENT
DIRECTOR	Total Inside City
0	Md. Worcester Snow Hill 152 YES 2 □ NO
A	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	301 S. Church Street 21863 U.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian,
	1 Never Married 2 Merried FORCES? 1 YES 2XX00 tt yes, specify Cuben, Mexicen, Puerto Rican, etc.)  If YES, GIVE WAR OR DATES  I YES 2 X NO Specify: Specify:
BY	3 🖾 Wildowed 4 🗆 Divorced White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY
垣	Elementary/Secondary (0-12) College (1-4 or 5 +)
릴	11 telephone operator C.&P. Telephone Co
COMPLET	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
	Harry W. Perdue Minnie Holloway Bordus
BE	Harry W. Perdue    Minnie Holloway Perdue
2	
	1 to Burie! 2 Cremetion 3 Removal trom State cemetery, cremetory or other place!
	4 Doneston 5 Other (Specify) Old School Baptist 10/04 Snow Hill, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Dennis Funeral Home, Snow Hill, Md.
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate
	ahock, or heert feliure. List only one cause on each line.
	IMMEDIATE CAUSE (Final disease or condition
	resulting in deeth)  a. DE TO (OR AS A CONSEQUENCE OF):
8	Sequentially list conditions,  Due to (or as a consequence of):  2 m/es
F	I IT any leading to immediate
5	CAUSE (Disease or Injury
ĒΙ	thet initiated events  DUE 10 (OR AS A CONSEQUENCE DF):  resulting in death) LAST
CERTIFICATION	d
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	DRIVING ( ) ( A C DIGHT II TO DESCRIPTION TO
ā	TO YES 2 XNO COMPLETION OF CAUSE DE DE DE DE DE DE DE DE DE DE DE DE DE
ME	1   YES 2   NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MUNICERTAIN
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:
Š	1 YES 2 XNO  1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
到	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME DF INJURY AT WORK?  28d. DEŞCRIBE HOW INJURY OCCURED INJURY
ВУ Б	1 Natural 5 Pending M 1 YES 2 NO
	3 Suicide 8 Could not be 28e. PLACE OF th JURY — At home, tarm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,
COMPLETED	4 Homicide datermined building, etc. (Specify)
Ш	29a. CERTIFIER
N N	(Check child one)  (Check child
<u> </u>	one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner as stated.
ш	290. SIGNATURE AND TITIE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
m ]	D. 5865 (md) 10/24/94
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	Robert C. LaMar, M. D., 104 N. Bay Street, Snow Hill, MD 21863
	JI. DALE PILED (MONTH, Day, Tear). 32. REGISTRAR'S SIGNATURE
5	ACT 25 1994 Juin Fernen Russel
11	

e and the second second . . .

_	S.	7	
2	S	in a	
9	a	ă	
9	in or	Ě	
5	enc.	98	
N	The sale	28	
2	0	0	
0	g	0	
7	SO	5	
BALTIMORE, MARYLAND 21215-0020	cuted within cours after death. Page 6 may be retained by the hospital or attending physicia	I completely filled in by the funeral director, page 5 should be detached for use as the burial-training, cremoval.	
7	6	2	
-	8	용	
4	tain	Sho	
Σ	50	NO.	
î.	8	90	
7	nay	2	
0	9	9	
5	90	1	
	2	<b>a</b>	
5	=	ner	
4	g.	2	
20	fter	事	
	60	E D	1
	- E	= =	
		Illed n.	
		y fi	
8760,	5	i completely filled in by the hund, cremation, or removal.	
٥	×	4	
-	ted	8 F	
	2	22 2	

transit

ORCE.

Ħ

notified

og

must

examiner

medical

the

event.

traumatic

other

10

shows any

23

ltem! certificate h

the o

this c marked,

After

DIRECTOR: Aff hours after deal tem 28 is n

Mental Hygiene

executed prior to burial.

death certificate be

attending physician and

the

signed by the

Deen ō has be Dept. o STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

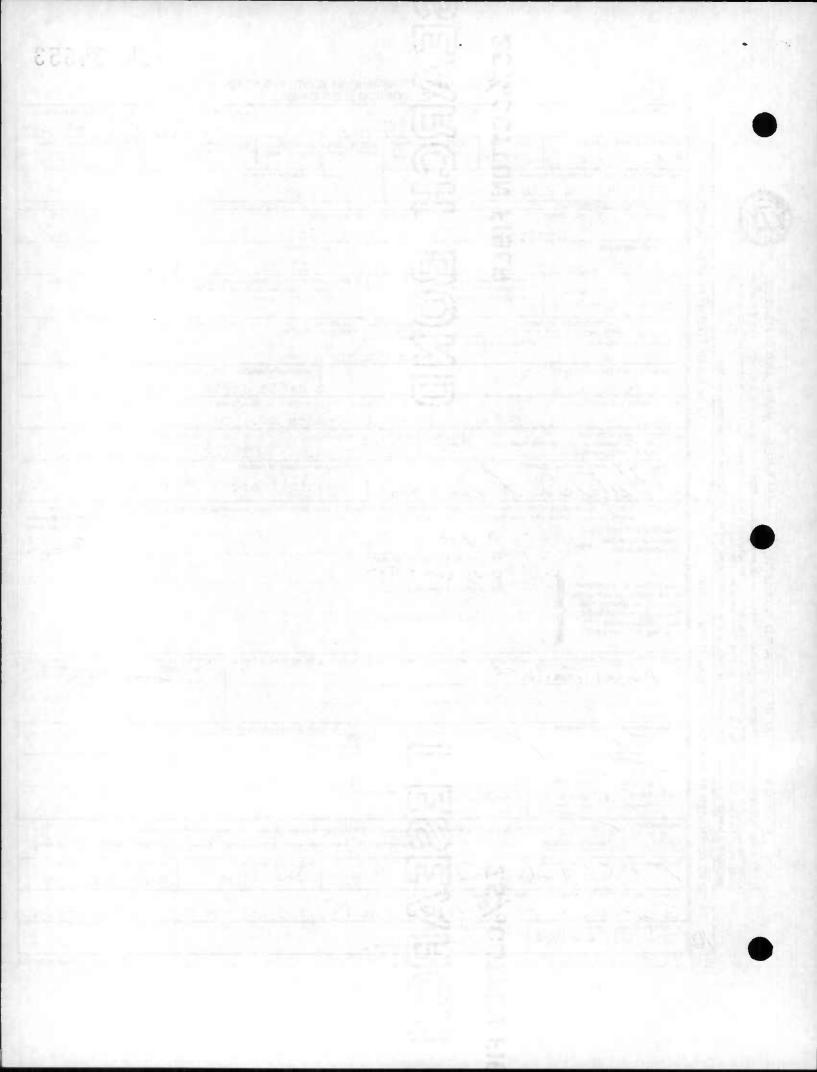
1 - FOR STATE REGISTRAR BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR TIMMONS october. 0845 Almeta 7. DATE OF BIRTH (Month, Dey, Year) 4/8/15 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 213-05-1449 79 Virginia Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Snow Hill 1 XYES 2 NO Md. Worcester 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 206 E. Market 21863 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

14. RACE — American Indian, Black, White, etc. FDRCES? 1 YES 2 NO 1 Never Married 2 Merried BY 1 TES 25 NO Specify: Specify: 3 X Widowed 4 Divorced white COMPLETED 15. OECEDENT'S EQUICATION 16e. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Beauty Salon Elementary/Secondary (0-12) College (1-4 or 5+) beautician owner/operator 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Sam Jones Sadie Ardis Jones BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles D. Birch 263 Old Camden Rd., Camden, Del.19934 20e. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Salisbury Crem. 10/24 Salisbury, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral HOme, Snow Hill, Md. icia ennes 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock. Dr heart failure. List Dnly one cause Dn each line. IMMEDIATE CAUSE (Final **Onset and Dasth** disease pr condition resulting in death) DUE TO (OR AS A CONSEQUENCE DF) Proum 5119 CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL tailure 1 YES 2 THO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERENCE TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND SITTE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H 24 10 94 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Nargo -chus M. D., 106 Milford St., Salisbury, Md 32. REGISTRAR'S SIGNATURE 1994 In Danison-Rendell

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requires that the TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21

OHMH-16 Rev 1/89



	FOR	
1	STATE	
4	REGISTRAR	

TO BE COMPLETED BY FUNERAL DIRECTOR

			CE	RTIF	ICATI	E OF DE	HTA	MENTA	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
MELVIN	W	TAYLOR						111-	6-199	4	YEAR	08:30 A m
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER		DER 24 HRS.		OF BIRTH		8. BIRTHP	LACE (State or Foreign
214-36-586	8	1 NM 2 - F	55	YRS.	MONTHS	DAYS HOUR	MIN.	3-6	-1939			yland
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN OR LOC	TION OF DE	ATH		9c. COU	NTY OF DE	ATH
6103 Foxha		t.			Salisbury Wicomico						CO	
RESIDENCE OF DEC	10b. COUNT	v		40 - CIT	v voum	OR LOCATION					T	
												10d. INSIDE CITY LIMITS?
MO .  100. STREET AND NUMBER	Wi	comico		Sa	lis	bury						1 TES 27 NO
The state of the s	-11	<b>0</b> +				10f. ZiP C		4		-		HAT COUNTRY?
6103 Fox	lall		LEVER IN U.S. AR	MED	1 12	WAS DECENDEN	2180		10.40 14 . 14		U.S.	
1 Never Married 2	Married	FORCES? 1	YES 2 N	10		If yes, specify C	ban, Maxica	n, Puerto I	r (Specify tea o Rican, atc.)	r No-		— American Indian, White, atc.
3 Widowed 4 Divo	rced	Army	Korea	an C	onf	1 TES 2X 1	O Specify	<i>/</i> :			Specify	hite
	EDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATION	etale e	16b.	. KIND OF BUSII	NESS/INC		11100
Elementary/Secondary (6		College (1-4 or 5	+) life.	Do NOT us	se retired.)	during most of wo	nung					
12			Sa!	lesp	ers	on		E1	lectri	ca1	Sup	p1y
17, FATHER'S NAME (First, M	iddie, Last)					18. M	THER'S NA		Middle, Meiden Si			
	Taylo:	r				_   I	uci1	1e	Howar	đ		
19a. INFORMANT'S NAME (7						S (Street and Nun						
Ricky Tay:						hall C	t.,	Sali				
20a. METHOD OF DISPOSIT  1 Denier 2 Crements	n 3 🗌 Ram	oval from State	cemetery cres	matory or o	ther place!	SITION (Name of		OAT			City or Tow	
4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FINERA		ENSEE	Marde	ela e		Orial			'9Mard	<u>ela</u>	Spr	ings, Md;
	1 /	d L		/_	, 22.	NAME AND ADD	HESS OF PA	CILITY				
XIII	red	( 00	une	3	В	ounds	Fune	ra1	Home,	Sa	lisb	ury, Md.
23. PART I. Entar the d	seasea, or o	complications the	t caused the de	ath. Do r	not anter	the mode of	lying, auci	h aa card	llac or reapire	tory ar	reat,	Approximata
IMMEDIATE CAUSE (Fir			, and on addit time.				4					Interval Batween Onset and Death
disease or condition	<b>→</b>	· Con	yester	ic /	ear	t Fai	luc					YRS
		DUE TO	OR AS A CONSEC	UENCE O	F):	t Fai						11/2
Sequentially list condit	lona.	b	ardrays	404	halve l	n						
If any, leading to imme- cause, Enter UNDERLY	diate	0UE 10	(OR AS A CONSE	WENCE O	F):							1/2
												712
CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF);												715
that initiated events resulting in death) LAS		cDUE TO	(OR AS A CONSEC	DUENCE OF	F):					_		7/1/2
that infliated events resulting in death) LAS		d										7/65
that initiated events resulting in death) LAS	nt condition	d.	death but net n			nderlylng caus	e given in	Part I.	24a, WAS AN A			WERE AUTOPSY FINDINGS
that infliated events resulting in death) LAS	nt condition	d	death but net n			nderlying caus	e given in	Part I.	24a. WAS AN AI PERFORM 1 TYES 2 (	ED3		AVAILABLE PRIOR TO COMPLETION OF CAUSE
that infliated events resulting in death) LAS  PART II. Other significations in the second second second second second second second second second second second second second second second second second second second sec	nt condition	d	death but net re	eaulting	in the u		e given in	Part I.	PERFORM	ED3		AVAILABLE PRIOR TO
that initiated events resulting in death) LAS	nt condition	d	death but net re	eaulting	in the u		e given in	_	PERFORM	ED3		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
that infliated events resulting in death) LAS  PART II. Other significations in the second second second second second second second second second second second second second second second second second second second sec	nt condition	contributing to	death but net re	eaulting	In the u	ATH YES	N	_ > _	PERFORM 1 TYES 2 (	ED3		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other signification of the control of the	nt condition	contributing to	death but net re	eaulting	F DEA	ATH YES	OEATH (Ch	O []	PERFORM 1 YES 2 (	ED3		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
DID TOBACC  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	O USE	contributing to	ER/Outpatient 3	SE O	F DEA	ATH YES  28. PLACE O	OEATH (Ch	O D Deck only on	PERFORM 1 YES 2 (	NO NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
That initiated events resulting in death) LAS  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	nt condition	CONTRIBUT  HOSPITAL: TOMPSHIAM 2  28. OATE OF (Month, L.)	E TO CAU  ER/Outpatient 3  FINJURY  Pay, Year)	SE O	F DEA	28. PLACE O R: Pling Home 5 28c. INJURY AT WORK? 1 YES	OEATH (Che	O Confly on 8 Other 28d. DES	PERFORM  1 YES 2 ()  (e)  (Specify)  CRIBE HOW IN.	NO NO	CURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY
That inftiated events resulting in death) LAS  PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant	nt condition  CO USE D MEDICAL	CONTRIBUT  HOSPITAL: Thipstlem 2  28e. OATE OF (Month, E)  28e. PLACE OF	ER/Outpatient 3	SE O	F DEA	28. PLACE O R: Pling Home 5 28c. INJURY AT WORK? 1 YES	OEATH (Che	eck only on 8 Other 28d. DES	PERFORM  1 YES 2 ()  r (Specify)	NO NO	CURED	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY
DID TOBACC  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Homicide	nt condition  CO USE  D MEDICAL  Pending investigation Could not be determined	CONTRIBUT  HOSPITAL:  TOTAL:  TOTAL:  TOTAL:  28e. OATE OF  building.	ER/Outpetient 3  INJURY — At hor stc. (Specify)	SE O DOA 28b. TIM	OTHE	28. PLACE O R: sling Home 5 28c. INJURY 1  YES tory, office	OEATH (Chi	8 Other 28d. DES	PERFORM  1 YES 2 (()  r (Specify)  CRIBE HOW IN.  ATION (Street and or fown, State)	NO NO	CURED or Rural Ro	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY
That initiated events resulting in death) LAS  PART II. Other signification of the part of	TO USE D MEDICAL  Pending Investigation Could not be determined	CONTRIBUT  HOSPITAL:  TOTAL 28. DATE OF MONTH, E.  28. PLACE Coulding.	ETO CAU  ER/Outpatient 3  INJURY ay, Year)  FINJURY — At hor atc. (Specify)	DOA 28b. TIM INJ	OTHE OTHER A Nur	28. PLACE O R: sling Home 5 28c. INJURY WORK? 1  YES tory, office	COEATH (Chi Residence	D Seck only on 8 Other 28d. DES	PERFORM  1 YES 2 (()  r (Specify)  CRIBE HOW IN.  ATION (Street arior Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED  or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH!  1 YES 2 NO
That initiated events resulting in death) LAS  PART II. Other signification of the part of	TO USE D MEDICAL  Pending Investigation Could not be determined	CONTRIBUT  HOSPITAL:  TOTAL 28. DATE OF MONTH, E.  28. PLACE Coulding.	ETO CAU  ER/Outpatient 3  INJURY ay, Year)  FINJURY — At hor atc. (Specify)	DOA 28b. TIM INJ	OTHE OTHER A Nur	28. PLACE O R: sling Home 5 28c. INJURY WORK? 1  YES tory, office	COEATH (Chi Residence	D Seck only on 8 Other 28d. DES	PERFORM  1 YES 2 (()  r (Specify)  CRIBE HOW IN.  ATION (Street arior Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED  or Rural Ro	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY
That initiated events resulting in death) LAS  PART II. Other signification of the part of	TO USE D MEDICAL  Pending Investigation Could not be determined  COURTER PHYSICAL EXAMINE	CONTRIBUT  HOSPITAL: Thipstlent 2  28e. DATE OF building.  CCIAN: To the best of a	ETO CAU  ER/Outpatient 3  INJURY ay, Year)  FINJURY — At hor atc. (Specify)	DOA 28b. TIM INJ	OTHE OTHER A Nur	28. PLACE O R: elling Home 5 28c. INJURY AI WORK? 1  YES tory, office	COEATH (Chi Residence	D Deck only on 8 Other 28d. DES 28t. LOC City to the cautime, date	PERFORM  1 YES 2 ()  r (Specify)  CCRIBE HOW IN.  ATION (Street and or Town, State)	JURY OCC	cured or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH!  1 YES 2 NO
that infiliated events resulting in death) LAS  PART II. Other signification of the part o	nt condition  CO USE  D MEDICAL  Pending investigation  Could not be detarmined  IFYING PHYSI  CAL EXAMINE  OF CERTIFIES	CONTRIBUT  HOSPITAL:  TOTAPETENT 2  28e. DATE OF building.  CIAN: To the best of a	TE TO CAU  ER/Outpetient 3  FINJURY — At hor stc. (Specify)  Imp knowledge, decixamination and/or in the state of the stat	DOA 28b. TIM INJ	OTHE 4 Nur E OF JURY M street, tec	28. PLACE O R: elling Home 5 28c. INJURY AI WORK? 1  YES tory, office	CoEATH (Chi/Residence	D Deck only on 8 Other 28d. DES 28t. LOC City to the cautime, date	PERFORM  1 YES 2 ()  r (Specify)  CCRIBE HOW IN.  ATION (Street and or Town, State)	JURY OCC	cured or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Nute Number,
That initiated events resulting in death) LAS  PART II. Other signification of the property of	nt condition  CO USE  D MEDICAL  Pending investigation  Could not be detarmined  IFYING PHYSI  CAL EXAMINE  OF CERTIFIES	CONTRIBUT  HOSPITAL:  TOTAPETENT 2  28e. DATE OF building.  CIAN: To the best of a	ETO CAU  ER/Outpatient 3  INJURY ay, Year)  FINJURY — At hor atc. (Specify)	DOA 28b. TIM INJ	OTHE 4 Nur  OTHE OF URY M  Introd, technology M  Print)	28. PLACE O R: 28. PLACE O R: 28c. INJURY AI WORK? 1  YES tory, office	CoEATH (Chi/Residence	D Deck only on 8 Other 28d. DES 28t. LOC City to the cautime, date	PERFORM  1 YES 2 ()  r (Specify)  SCRIBE HOW IN.  ATION (Street end or Town, State)	JURY OCC	cured or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Nute Number,
That initiated events resulting in death) LAS  PART II. Other signification of the property of	Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIEI  F PERSON WH	CONTRIBUT  HOSPITAL: Thinpatlant 2 Deciding, to the best of a contributing to the best of a complete cause	ETO CAU  ER/Outpatient 3  FINJURY  BY  The property of the pro	DOA 28b. TIM INJ	OTHE 4 Nur  OTHE OF URY M  Introd, technology M  Print)	28. PLACE O R: elling Home 5 28c. INJURY AI WORK? 1  YES tory, office	OEATH (Che Residence NO NO Coea, and due coured at the	D Deck only on 8 Other 28d. DES 28t. LOC City to the cautime, date	PERFORM  1 YES 2 ()  r (Specify)  CCRIBE HOW IN.  ATION (Street and or Town, State)	JURY OCC	cured or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Nute Number,
That inftiated events resulting in death) LAS  PART II. Other signification of the property of	nt condition  CO USE  D MEDICAL  Pending investigation  Could not be detarmined  IFYING PHYSI  CAL EXAMINE  OF CERTIFIES	CONTRIBUT  HOSPITAL: PRIPATE CONTRIBUT  28a. OATE CONTRIBUT  28a. PLACE CONTRIBUT  28a. PLACE CONTRIBUT  28a. OATE CONTRIBUT  28a. PLACE CONTRIBUT  28a. P	TE TO CAU  ER/Outpetient 3  FINJURY — At hor stc. (Specify)  Imp knowledge, decixamination and/or in the state of the stat	DOA 28b. TIMM INJ	OTHE 4 Nur  OTHE OF URY M  Introd, technology M  Print)	28. PLACE O R: 28. PLACE O R: 28c. INJURY AI WORK? 1  YES tory, office	OEATH (Che Residence NO NO Coea, and due coured at the	D Deck only on 8 Other 28d. DES 28t. LOC City to the cautime, date	PERFORM  1 YES 2 ()  r (Specify)  SCRIBE HOW IN.  ATION (Street end or Town, State)	JURY OCC	cured or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Nute Number,

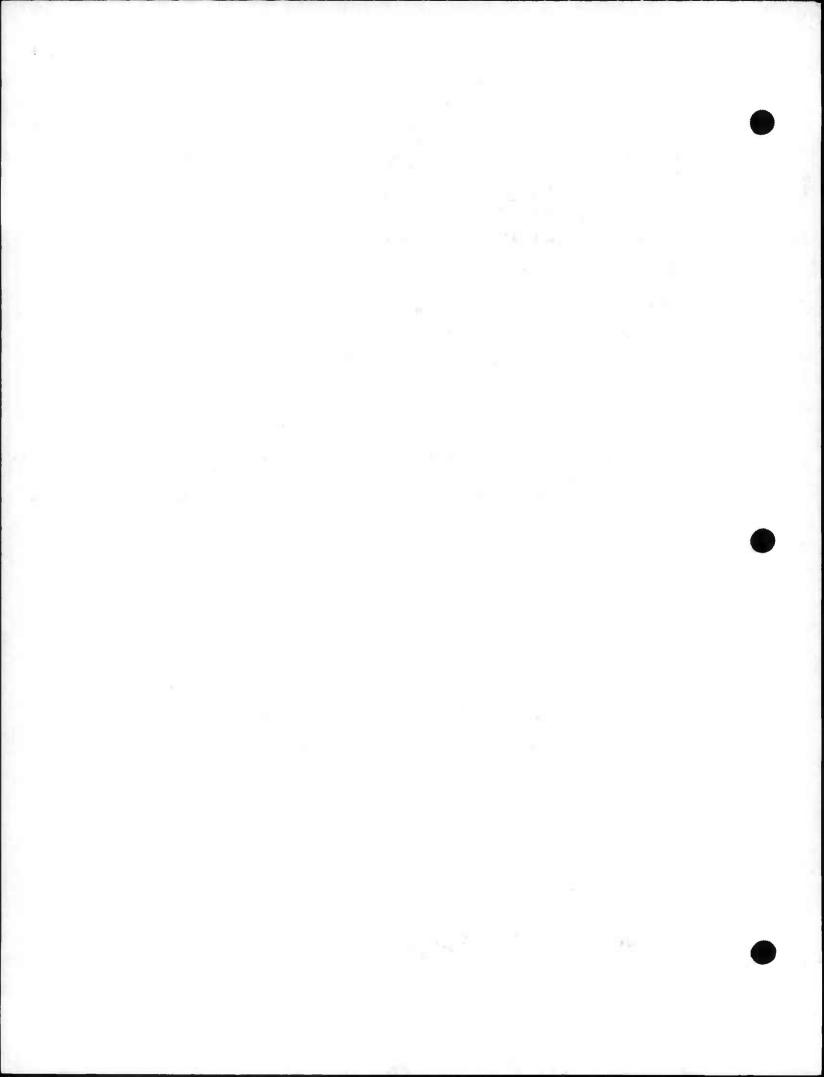
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

13

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About a therefore, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CE		ATE OF D	CAIN		REG. NO.			
, 1. DECEDENT'S NAME (First, Middle, Las		IOUIS T	AYTOR	SR.		2. DATE OF MONTH	DEATH DAY	2 94	EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 231–40–6384	XX M 2 □ F	8. AGE (In yrs. less		7	UNDER 24 HRS.	7. DATE OF	BIRTN (5-37	8.	BIRTNPL Country)	ACE (State or Foreign
ANNE ARUNDEL MED		11 53	91	ANNAPO		EATH		A NNE		INDEL
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN  A, A			10c. CITY, T	OWN OR LOCATION						Dd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 1890 ARWELL	COURT				P CODE 21144	M. R			CITIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			MED WX	13. WAS DECENI	DENT OF NISPA y Cuban, Mexic Speci	INIC ORIGIN? ( an, Puerto Rici fy:	Specify Yes or in, etc.)	No- 14.	RACE	American Indian, White, etc.
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		(Gi	ive kind af work . Do NOT use re	UAL OCCUPATION of done during most of threed.)  DRIVER	f working	16b. KI	ND OF BUSIN		TRY	
17. FATHER'S NAME (First, Middle, Last) GEORGE EDWA)			21.001		DELLA			meme)		
190. INFORMANT'S NAME (Type/Print) AGNES TAYLOR		198	SAME	AS 10	Number or Rural	Route Number,	City or Town,	State, Zip Co	de)	
TOY METHOD OF DISPOSITION  1 Duriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, cres	matory or other	ISPOSITION (Name place)	31011	5-94	A.A.	TION — City		, State
21. SIONATURE OF FUNERAL SERVICE  CHARLES E. H.		AV.	111	22. NAME AND	ADDRESS OF FA		2 FOR	est d	2140 R. A	NNA MD.
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Liet only one ceus	e on each line.		enter the mode			or reapire	ory arrest	1,	Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Carolina Due To (	e on each line.	OUENCE OF):	M8t.			or reapira	ory arrest	t,	Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):	nest. y dis	easi.	ı Part I. 24	C OF PERPITAL  La. WAS AN AU PERFORMI  YES 2	TOPSY 007	24b. W	Interval Betw Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions are algorithms.	a. CONDITION OF COURT	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):  DUENCE OF):  DUENCE OF):	M8t.	easi.	) Part I. 24	a. WAS AN AU PERFORMI	TOPSY 007	24b. W	Onset and Do
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are algorithms.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	a	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF):	he underlying c	E OF DEATH (C)	Part I. 24 1 heck only one) 5 □ Other (S	Sa. WAS AN AU PERFORMI YES 2	TTOPSY ED?	24b. W	Interval Betw Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions are successed in the conditions of the co	a	OR AS A CONSECTION OF AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	he underlying c  28. PLAC THER: Nursing Home F WORK 1   YES	E OF DEATH (CI	a Part I. 24  1  heck only one)  5  Other (S  28d. DESCR	PERFORMI	TOPSY 107   NO	24b. W AN AN AN AN AN AN AN AN AN AN AN AN AN	ERE AUTOPSY FINDI MILABLE PRIOR TO DMPLETION OF CAU! F DEATH? YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and interest in the condition of the	a	DR AS A CONSECTOR AS	DUENCE OF):  DUENCE OF):	he underlying c  26. PLAC THER: Nursing Home F WORK 1   YES	Buse given in  E OF DEATH (C)  The property of the property of	a Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	pecify)  IBE NOW INJI  ON (Street and own, State)	TOPSY ED? NO IRY OCCUR Number or I	24b. W AN CC O O 1	Interval Betw Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the condition o	a	DR AS A CONSECTOR AS	DUENCE OF):  DUENCE OF):	he underlying c  28. PLAC THER: Nursing Home F 28c. INJURY M 1   YES et, fectory, office the time, date end	Buse given in  E OF DEATH (C)  The property of the property of	Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	pecify)  IBE NOW INJI  ON (Street and own, State)  e) end manned d place, and of	TOPSY 107  INO  Number or I  rea stated, hue to the ci	24b. W AM CO 1 1	Interval Betw Onset and D

88

Med . TOA u pour su man . FIFE ENGLY . E WALLEY 

020	physician.
ALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia
	ö
ND 3	hospital
A	9
7	×
~	d b
MAF	retaine
	2
R	may
0	9
₹	Page
ALT	death.

examiner medical 10 the cremation, event, traumatic other 10 any shows a 23 item 5

CERTIFICATION

MEDICAL

PHYSICIAN:

ΒY

COMPLETED

BE

2

31. DATE FILEO (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DR ATTENDING PHYSICIAN: The law

DIRECTOR: /

TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Item 2

28

burial-transit the hospital or attending physician. as the t use the funeral director, page 5 should be detached for at once notified pe must filled in by signed by the attending physician and completely in Health and Mental Hygiene prior to burial, crematic this certificate has been with the State Dept. of is marked, After t

DIRECTOR

FUNERAL

BY

ETED

COMPL

2

permit.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 1 I MONTH 94 YEAR 06:00 PM 09 Katherine TRIBBITT 4. SOCIAL SECURITY NUMBER 5. SEX B. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 320-10-7844 83 1 M 2 X F April 9. Missouri 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 511 Ridge Road 21401 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Merried 2 X NO SpecHy: White 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION

Work done during most of working 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Teacher & Librarian 4 Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charles G. Waits Ethel Cook 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles R. Tribbitt 60 East 8th Street - New York, NY 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 PAT 12 1 X Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Immaculate Conception Cem. 1994 Cherry Hill, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HICKS Home for Funerals, P.A. 103 West Stockton Street Elkton, MD 21921-5521 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, **Approximate** shock, or haart failure. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Hen resulting in death) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO one COMPLETION OF CAUSE 1 TES 2 LINO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO LINCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Department 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28d. OESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide Could not be 4 Nomicide 29e. CERTIFIER 1 🗓 CERTIEVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) mise M Doctor 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

CHACKUMKAL C. CYRIAC, M.D./1600 CRAIN HIGHWAY, S.W., #106/GLEN BURNIE, MARYLAND 210

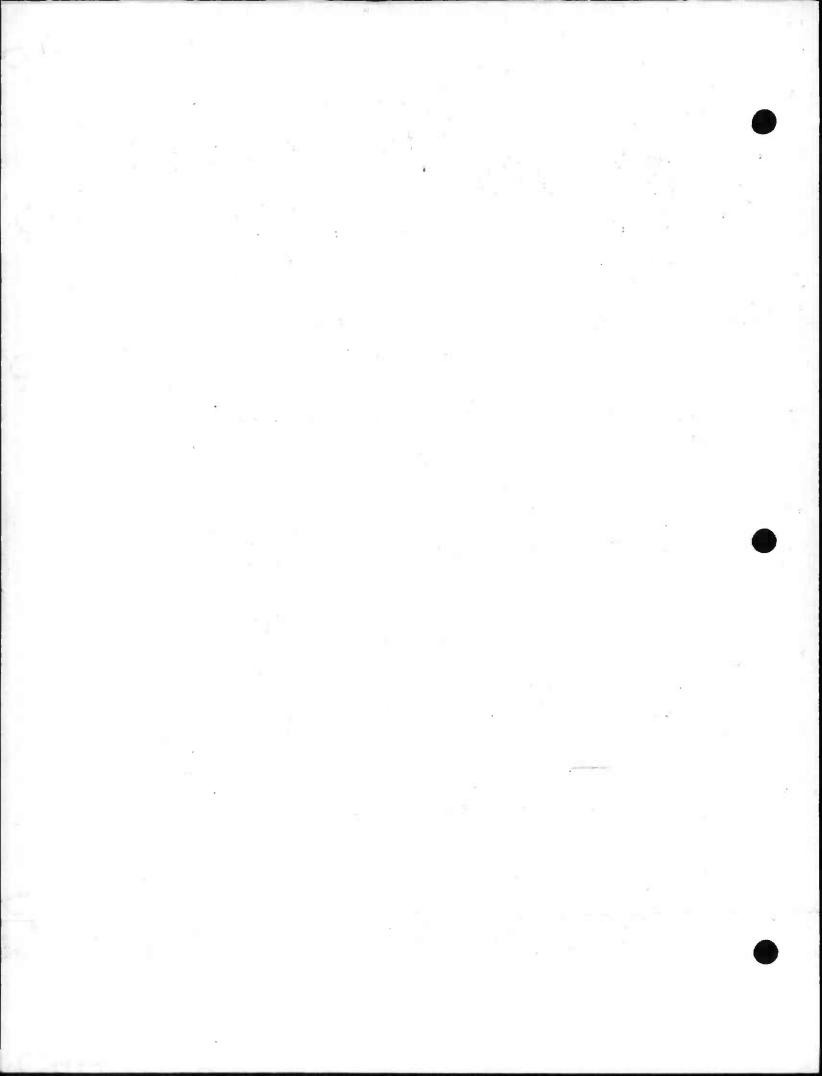
32. REGISTRAR'S SIGNATURE

Julia Savidson-Randall

DNMN-18 Ray 1/89

permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 2121 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the construction of a state of the security of the construction o DIVISION OF VITAL RECORDS, P.O. BOX 68760

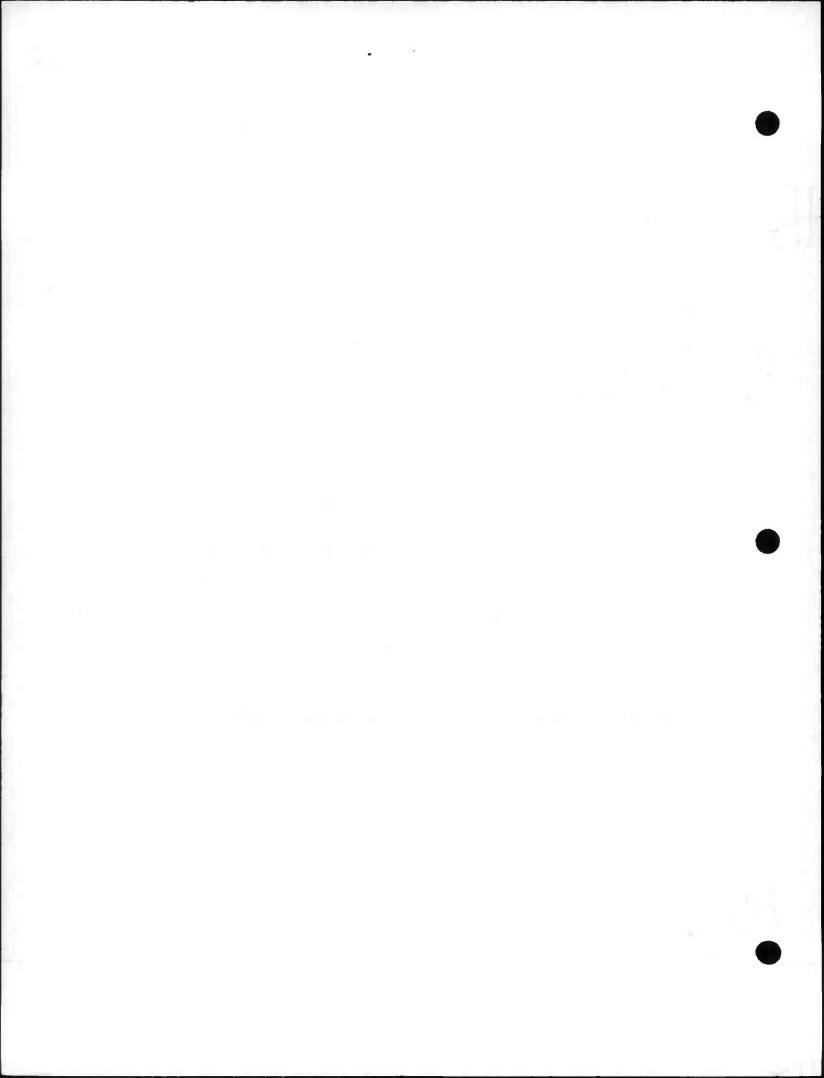
	FOR STATE REGISTRAR		MARYLAND		RTMENT (				MENT	AL HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last) MICHAEL A. THON	//AS							2. DAT	E OF OEATH	1994	YEAR	3. TIME OF DEATH 1:37 P M
	4. SOCIAL SECURITY NUMBER  167-60-2549	5. SEX 1 M 2 F	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	7. DATI	E OF BIRTH (1th, Day, Ybar)			IPLACE (State or Foreign
E E	90. FACILITY NAME (If not institution, give so Dan's Mt2½ miles	treet and number) West of		Sout	96. CITY, TO	ings	LOCATI	ON OF D		, 25, 1.	9c. COU	PUNTY OF DEATH	
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT								Logu	-1		
DIRECTOR		klin			y, town or i eencas	_							10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6272 Hager Road					10f, Z	7225	_			10g. CITI		YNAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. A YES 2 X	RMED NO	If ye	S DECEN	IDENT C	F HISPAI	in, Puerto	ilN? (Specify Yes Rican, atc.)	or No-	Spec	— American Indian, k, White, atc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)				USUAL OCCL work done duri se retired.)			ng	16	Sb. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETE	12.  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5		achir	nist		11.00			Steel		oric	ation
BE CO	John W. Thomas	S								Nacmi		k)	
0	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town			
9	Rhonda K. Thomas	5			lager			ree	_	tle, PA	A 17		•
	1 Buriel 2 Cremation 3 Remi	oval from Stata	cemetery c	remeton, or o				ntai					y, PA
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	TROTTE	gener	22. NA	ME AND	ADDRE	SS OF FA	CILITY	7 7 1 2 2 2 2		J. J. J. J. J. J. J. J. J. J. J. J. J. J	37
	+ H. Martin	Lume	m J	۸.	Gn	eenc	cast	le.	PA	Funeral			
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in daeth)	Massive	crush induced	e. injur guns	y to p hot wo	elv	is a	and	legs				Approximata interval Between Onset and Death
N	Sequentially list conditions,	b	(OR AS A CONSI										
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSI	EOUENCE O	F):								
ERTIF	that initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	PART ii. Other algnificent condition	e contributing to	death but not	resuiting	in the unde	riying o	cauee g	given in	Pert i.			24b	. WERE AUTOPSY FINDINGS
MEDICA										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M	DID TOBACCO USE O	CONTRIBUTE	TO CAU	SE OF	DEATH	YE:	s $\square$	NO					1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						_=	EATH (Ch		one)			
YSIC	1/ VES 2   NO	HOSPITAL:		3 🗆 DOA	OTHER:	Home	5 🗆 Ra	sidenca	8 (011	ner (Specify) U	Joers	5	
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending investigation	28s. DATE OF (Month, E		28b. TIA	JURY	WORK	(?	No	llar	ge rock	c fel	1 or	victim &
	3 [X] Suicide 6 Could not be 4 Homicide detarmined	bullaing,	of INJURY — At he atc. (Specify)			_	)		204 10	CATION (CHICA)	and Advantage	0	off Rt 220)
COMPLET	298. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occum	ed at the time	, deta ar	nd place		to the c	ause(a) and man	ner as stat	ed.	
- 1	2 MEDICAL EXAMINE 29b. SIGNATIVE AND TITLE OF CERTIFIES		xamination and/or	rinveatigatio	on, in my opin			ed at the		te and place, and			
TO BE	1 Yard		Dpty	the state of the s				091				1/5	(Month, Day, Year)  / 9 4
F	Paul Snow, MD		se of DEATH (IT)			ımb	er1	and	M	ID 21	502		
	31. DATE FILED (MODID), Day, Virg.) 1994		SIGNATURE			anii)	<u> </u>	- 0.210	, L.				



FOR 1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE	F DEATH	REG. NO		
1. GECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
STANLEY ERVIN	TASKI				NOV. 7	1994	
4. SOCIAL SECURITY NUMBER 216-18-1050	5. SEX 8. AC		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 03-15-24	8. BIRT	HPLACE (State or Foreign http://
9s. FACILITY NAME (If not institution, give	street and number)		Db. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY OF	
MEMORIAL HOSPIT			CUMB:	ERLAND		ALLEGA	<u> </u>
MD GARI			TZMIL				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER WILLOW STREET				21538		10g. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 ☑ YI IF YES, GIVE WAR OF	ES 2 NO	If yes,	DECENDENT OF HISPA , specify Cuben, Maxic res 2 XNO Speci	NIC ORIGIN? (Specify Yas an, Puarlo Rican, etc.) fy:	Bla	CE American Indian, ok, White, etc.
15. OECEDENT'S EDU (Specify only highest grad	CATION	16a. DECEDENT'S U	SUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUSTRY	WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)	RETIRED (	retired.)	most of working	C	OAL	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
RILEY TASKER				ELVA	TICHINEL		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
DESSIE TASKER					LER, MD 2	1538	
20a. METHOD OF DISPOSITION  1 (X Buris) 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	ioval from State	206. PLACE AND DATE OF complety, cremators or othe MI. ZION	EMETE	CRY	0ATE 20c. LO 11/10/94	SWAN	TON, MD
21. SIGNATURE OF FUNERAL SERVICE L		R			DOCK FUNER , KITZMILL		21538
23. PART I. Enter the diseases, or	complications that cau	sed tha death. Do no					Approximata
ahock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition	and the second		4.1 A .	AL TA	JFAR (TI	رما	Onsat and Dael
resulting in death)	B. ACUTE OUE TO (OR A	S A CONSEQUENCE OF):	1601	46 17	V/ 1/1 C[[		MINUTE
Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR A	S A CONSEQUENCE OF):	15	MEART	FAIL	URE	DAYS
cause. Enter UNDERLYING CAUSE (Disease or injury	c. OUE TO (OR A	TE REN	AL	FAILU	16		DAXS
that initiated eventa resulting in death) LAST	d. CHRON	S A CONSEQUENCE OF):	STRU	とかくき	LUNG	DISEASE	EYEARS
PART II. Other significant condition						AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE	CONTRIBUTE TO	O CAUSE OF	DEATH	YES N	0 🗆		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)			
1 VES 2 LNO	1 Inputant 2 ER/O			tome 5 Residence		NUMBER OFFICE	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea		ΥP	INJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU building, atc. (S	JRY At home, term, atr (pecify)	eet, tactory, o	iffica	261. LOCATION (Street and City or Town, State)		Route Number,
	ICIAN: To the best of my kn						(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R Lou- M	JG 10 P.	1-1	29c. LICENSE NU		29d. DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI							/ / /
N. Ranjithan M.	32. REGIŞTRAR'Ş SI	town Road,	Cumbe	rrand, M	21502		
NOV 1 6 19	94 Jalia d'hi	selson Rardall					



(	Z	10.750	A STATE
1	-	لاؤ	N
			Pages 1
			permit.
	020	physician.	burial-transit
	7LAND 21215-0020	by the hospital or attending physician	be detached for use as the burial-transit permit. Page
	LAND	the hospita	e detached i

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARY DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTR	AR			ST
1	. D	ECEDENT'S	NAME (First,	Middle,	Last)	

### TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Le. I 1 e e					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH 12:55 p.			
4. SOCIAL SECURITY NUMBER 216-41-1897	5. SEX 8. AC	GE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug • 27,	1925	RTHPLACE (State or Foreign untry) MD			
- 1 TT 16 G 1	Pa. FACILITY NAME (If not institution, give street and number)  Edw.W.McCready Memorial Hospital  Crisfield									
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					TION 10d. INSIDE CITY LIMITS? 1 (3) YES 2 \( \) NO				
10e. STREET AND NUMBER P.O. BOX 233 11. MARITAL STATUS		I Ma		f. ZIP CODE			F WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES ZENO	If yes, sp		NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.) y:	or No- 14, R	J.S.  ACE — American Indian, lack, White, atc.  pocify: Black			
	ide completed)	16a. DECEDENT'S U	JSUAL OCCUPATION done during me	ON ost of working	16b. KIND OF BUS	INESS/INDUSTR	γ			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 O th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Labo				e Wife				
John T. Whit	tington			Nett	ME (First, Middle, Maiden	d				
Barbara Water	S				Route Number, City or Town		id. 21817			
20a. METHOD OF DISPOSITION  1   Surial 2   Cremation 3   R  4   Donation 5   Other (Specify)		206.PLACE AND DATEO Compelery, cremetory or off Mt. Peer			OATE 20c. LOC	CATION - City or Mar	ion, MD			
21. SIGNATURE OF JUHERAL SERVICE	licensee C. apri	9			Anthon Crisfi					
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A	A CONSEQUENCE OF	na	anc.	ilon'		ryr			
	ions contributing to deat	h but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO			
PART II. Other algulficant condit					1 🗀 YES 2	No	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF GEATH	HOSPITAL:	Dutpatient 3 DOA	OTHER:	LACE OF OEATH (C)	eck only one)	mprehe	ASIVE Care			
I M Matural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME	OF 28c. IN.	FURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II		17			
3 Suicide 6 Could not	26e. PLACE OF INJUDE	URY — At home, term, st Specify)	treet, factory, offic	:0	26t, LOCATION (Street a City or Town, State)	nd Number or Rui	ral Route Number,			
000)	YSICIAN: To the best of my ki						se(a) and menner as stated.			
296. SIGNATURE AND TITLE OF CERTIF	Green	en 8		29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year) 4-94			
30. NAME AND AGORESS OF PERSON Dr. M. Barhan	, Rt. #413,	Crisfield,	Md. 2	1817						
31. DATE FILED (Month, Day, Year) NOV 1 4-1994	A REGISTRANCES	IGNATINE								

1 1659 The state of the s 1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

_	REGISTRAR		CERTIF	ICATE	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  ELIZABETH THOMAS  2. DATE OF DEATH MONTH DAY VEAR 11 (NOV) 9  94						3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	Cou	THPLACE (State or Foreign intry)		
	212-10-0441	1 🗌 M 2 🔀 F	99 YRS.			Mar. 12, 1	.895   M	aryland		
NG.	Johns Hopkins Bay		Center		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore			9c. COUNTY OF DEATH Baltimore Co.		
5	RESIDENCE OF DECEDENT									
2	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?		
□	Maryland Baltimore City				.timore			1.X YES 2 □ NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 4314 Plainfield A		10f. ZIP CODE 21206		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
5	11. MARITAL STATUS	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian,			
ВУ Е	1 ☐ Never Married 2 ☐ Married   FORCES? 1 ☐ YES 2 ☑NO   IF YES, GIVE WAR OR DATES			If yes	, specify Cuban, Maxic YES 2 X NO Speci	an, Puarto Rican, etc.)	Bia	eck, White, atc.  ecity:  Maryland		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	fife. Do NOT us	(Give kind of work done during most of working life. Do NOT use retired.)						
MP	Grade 3	Process	sor		Seafo					
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)			
B	Thomas Jackson  19a. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (St.		a Parks Route Number, City or Town				
5	Irene E. Nelson (1	Daughter)				- Baltimore		1206		
ı	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITION			CATION — City or	Town, Stata		
ĺ	1 X Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	Su	netery, cremetory or o	ther place) • Memor	ial Park-	11/12/94	Crisfie:	ld, MD		
	21. SIGNATURE OF UNIONAL SERVICE LIC	11 11	A	Brac		ns Funeral				
	Robert H. Bra	adshaw, Jr./	/	306	W. Main S	t Crisfi	ield, MD	21817		
	23. PART I. Enter the diseases, or complications that ceded the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  Onset and Deeth									
	disease or condition resulting in deeth)  Due to (or as a consequence of):									
z	OUE TO (OT AS A CONSEDUENCE OF):									
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate CRISE FIXER LYINGE									
5	CAUSE (Disease Dr Injury that initiated evente  DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
	o.									
EDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying couse given in Part 1.  24e. WAS AN AUTOPSY PREFORMED?  PERFORMED?  ANALIZED PRIOR OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COMMENTATION OF COURSE TO COURSE TO COMMENTATION OF COURSE TO COURSE									
ğ	1 YES 2							OF BEATTI		
	1 YES 2									
AN	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)									
PHYSICIAN: M	EXAMINER?	HOSPITAL:	etlant 2 DOS	OTHER:	PLACE OF DEATH (C)					
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		fome 5 ☐ Rasidence	28d. DESCRIBE HOW II	NJURY OCCURED	RY OCCURED		
ВУР	1 Natural 5 Pending Investigation	1 Netural 5 Pending (Month, Day, Year)			WORK?					
	2 Accident Investigation 3 Suicide 8 Could not be	— At home, term,	At home, term, street, tectory, office		281. LOCATION (Street a	and Number or Aural Route Number,				
	4 Homicide determined building, etc. (Specify)  City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.									
8			n, in my opinio	, death occured at the time, date and place, and due to the cause(s) and me			e(s) and manner as atated.			
띪	29b. SIGNATURE AND TITLE OF CERTIFIER THE				29c. LICENSE NU	200	29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO		Print)	D3+0	0 7		4 44 -			
	BRUCE LEH	2HEC	BA		11 212	27.				
	NOV1 5 1994	32 REGISTRAR'S EIGH	Z-TURE							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the post of the property of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

provide 7" BY Charles

& 77 E 31

.

. . .

.

- and the Mark State of

l		7	à	
1		4	Ŋ	
	-	الاست	Help	
			rmit.	
			srt pe	
		e.	ransit permit.	

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

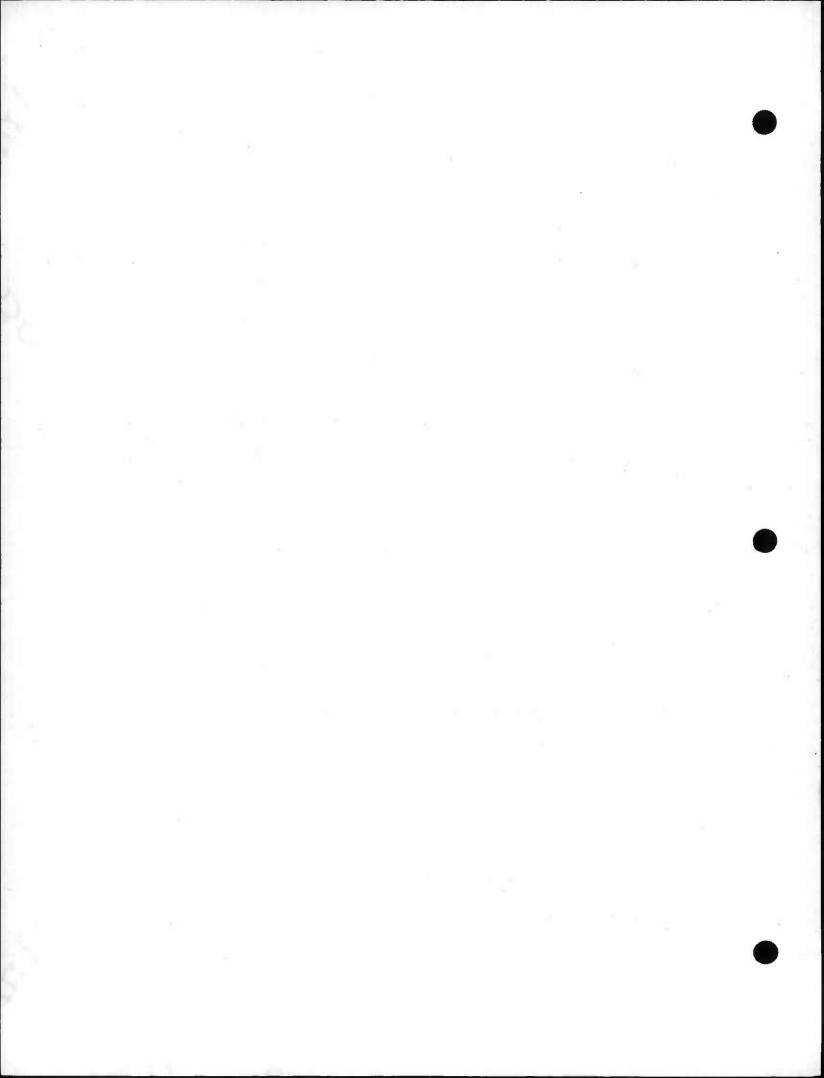
	112010111111		<u></u>		OAIL	. 01	DEA	111	н	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  Johnny Carl He								2. DATE OF DEATH DAY YEAR November 5, 1994			YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER										o, 19		10:45 P.M	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 1 F		6. AGE (In yrs. last birthday) 80 YRS.		MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, De NOV •	w. Year)	1012	Countr		
	9e. FACILITY NAME (If not institution	n, give street end number)			9b. CITY.	9b. CITY, TOWN OR LOCATION OF GEATH				14, .		TY OF D	DWA	
<u>۳</u>	6012 Quinn Roa	ad.					eric				Frederick			
DIRECTOR	RESIDENCE OF DECEDE					1 Cu	CLICI	7			FI	Frederick		
#	10e. STATE 10b. (	COUNTY		10c. CITY	, TOWN O	R LOCAT	NON						10d. INSIDE CITY LIMITS?	
	Maryland Frederick				Fred	leri	ck						1 YES 2 X NO	
A	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITI	ZEN OF V	VHAT COUNTRY?		
FUNERAL	6012 Quinn Road						21	1701				U.S.	A.	
2	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AP FORCES? 1 YES 2			IMED 13. WAS DECENDENT OF HISPANIC NO If yes, specify Cuben, Mexican,				IC ORIGIN? (S	pecify Yee	or No-	14. RACE	- American Indian,		
BY	1 Never Merried 2 Merried   FORCES? 1 YES 2XXI 3 Wildowed 4 Divorced   IF YES, GIVE WAR OR DATES				1 TYES 2XXNO Specify:					1, 410.7		Speci		
	15. DECEOENT	'S EDUCATION	18e DE	CEDENT'S USUAL OCCUPATION					105 KIN	16b. KIND OF BUSINESS/INDUSTRY				
	(Specify only highe: Elementary/Secondary (0-12)	st grade completed)  College (1-4 or 5	(G	ive kind of w Do NOT us	rock done o	k done during most of working								
COMPLETED	7	Conege (1-4 or 5		Equipment		nt Operator			Maryland State H Administrat			lighway		
O	17. FATHER'S NAME (First, Middle, L	ast)	-		_			HER'S NA	ME (First, Middle, Maiden Surname)				,1011	
BE C		John	TI	MM				Med			IMHOF	F		
	19a. INFORMANT'S NAME (Type/Prin	nt)	190	b. MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Number, C	City or Town	n, Stete, Zip	Code)	-	
2	Mrs. Genevieve	S. Timm				iss (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) In Road, Frederick, Md. 21701								
	20a METHOD OF DISPOSITION 1 → Burlet 2 □ Cremation 3	Ramoval from State	20b. PLACE	NDDATEC	F DISPOSI	ITION (Na	ime of		DATE	20c. LO	CATION —	City or To	wn, Siste	
	4 Donetion 5 Other (Specif	y)	Mount	Öliv	ivet Cemetery, 11/9/94 Frederick, Maryland							faryland i		
	21. SIGNATURE OF FUNERAL SERV	•	22. NAME AND ADDRESS OF FACILITY KOODOY & Basford D A Funoral Homo							me				
	MOO703   Meeney & Basiold F.A. Fulleral Home   106 East Church St., Frederick, Md. 2170								Md. 21701					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest,  Approximate													
	IMMEDIATE CAUSE (Fins) Onset and Death									Onset and Death				
	resulting in death) . Ruptured Abdominal Aortic Aneurysm minutes								minutes					
	DUE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
A	ceuse. Enter UNDERLYING													
띮	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	DATE II Observe de Mineral de Children													
EDICAL	PERFORMEO? AVA								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
	1 TES 2 NO								OF DEATH?					
Σ	1 U YES 2 NO									1 TYES 2 THO				
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH YES NO 328. PLACE OF DEATH (Check only one)													
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpetlent 3	□ B04	OTHER	t:								
ξ	27. MANNER OF DEATH	28e. DATE O		28b. TIME	4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)  IE OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY					WILLIBA UCC	THREO			
		1 Natural 5 Pending (Month, Day, Year)					RK?	NO	200. DESCRIBE NOW INSURT OCCURED					
ВУ	2 Culate	2 Accident investigation 3 Suicide B Could not be 28e. PLACE OF INJURY — At hom							281. LOCATION (Street and Number or Rural Route Number.					
COMPLETED	4   Homicide   S   Could not be determined   S   Could not be dete													
٦	29e. CERTIFIER (Check only (Ch													
M	one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.													
	29b. SIGNATURE AND TITLE OF CE	1/2	29c. LICENSE NUM											
H	(Monly)				nd l		2)		76/ 29d. DATE SIGNED			1/7	194	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Dr. Brian M. O'Connor, M.D., 501 West Seventh Street, Frederick, Md. 21701													
	31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
- 11	MOU OO 1	007	March on 6	2 11										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-trope filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89



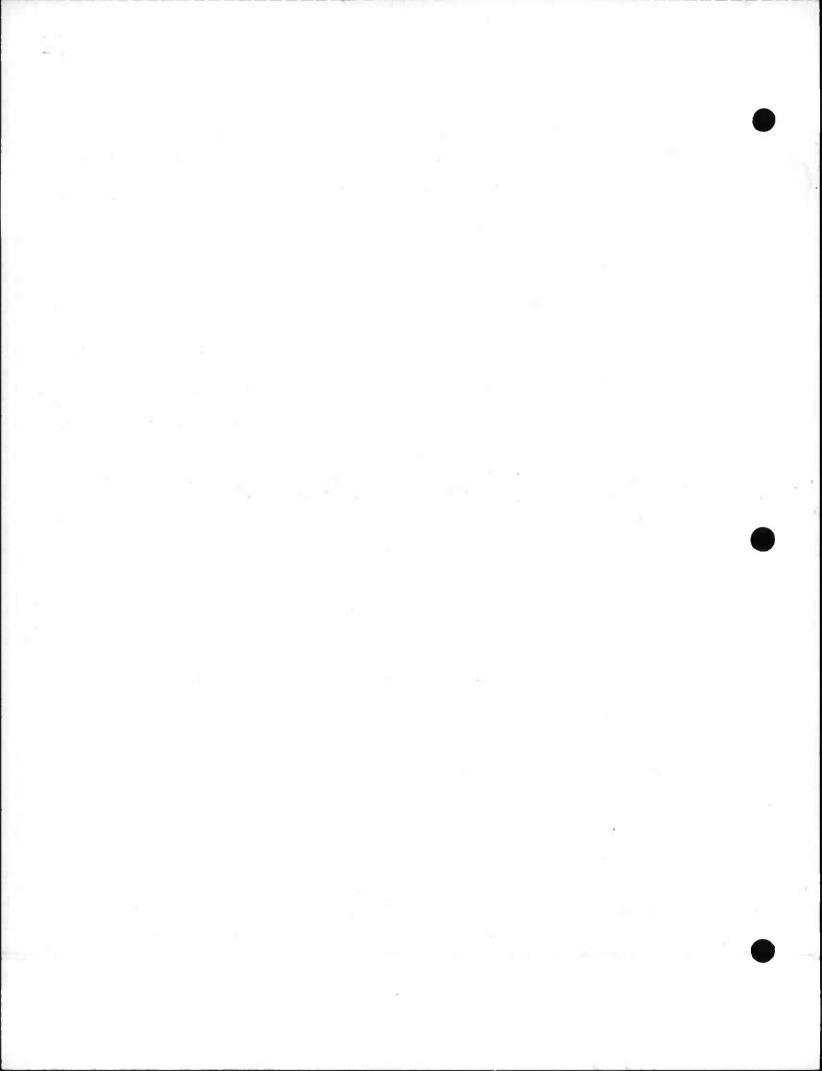
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the requires there has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	<u> </u>	HILL	AIE	PUEATR	REG. NO.				
	MONTH DAY YEAR							TIME OF OEATH		
			F UNDER 1 YEAR	IF UNDER 24 HRS.	OCR 24 MDS 7 DATE OF BIRTH			2:20 A.M		
	540-26-7523 1X M 2 □ F	74		MONTHS DAYS HOURS MIN. (Month, Day, Year) Col			Country)	nsas		
~	9a. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF DE	ATH	9c. COUN	TY OF DEAT	тн	
2	Montgomery General Hos	pita.	1.	01 n	ey		Montgomery			
<u> </u>	10e. STATE 10b. COUNTY		10c. CITY, 7	TOWN OR LOC	ATION			10	Dd. INSIDE CITY	
- DIRECTOR	Maryland Montgomery  10e Street and Number		La	Laytonsville					LIMITS? YES 2 NO	
FUNERAL	7119 Brink Road			101. ZIP CODE 20882				en of whateric	AT COUNTRY?	
Š		IN U.S. ARM	IEO	13. WAS D		IC ORIGIN? (Specify Yes			- American Indian,	
	11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Married IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puerto Ricar  1 YES NO Specify:			or No-	Black, V	Vhite, atc.	
BY	3 Widowed 4 Divorced								White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			DENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY kind of work done during most of working						
9	Elementary/Secondary (0-12) College (1-4 or 5+)	IIIe. L	Porte	retired.)	Priv	Private Industry				
₩.	8	1	TOI CE	=1						
	17. FATHER'S NAME (First, Middle, Last)  S. Emil. Torkelson				I	ME (First, Middle, Maiden				
띪	19a, INFORMANT'S NAME (Type/Print)	10000				sa Egge				
임	Virgie V. Torkelson	190.				loute Number, City or Town			20882	
		DE DI ACE AN		DISPOSITION (		Laytonsv	111e			
- 1		metery, crem	atory or other	place)	nite Com	1+11/12 M		ary or lown.	, State	
ł	21. SIGNATURE OF FUNIFIAL SERVICE LICENSEE			22. NAME	AND ADDRESS OF FAC	SLITY	Ounc	AII	у, ма.	
	* Jour L. William	~							ral Home	
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,   Approximate									
ļ	IMMEDIATE CAUSE (Final								Interval Between Onset and Death	
Ì	disesse or condition CORONARY ATHEROSCLEROSIS								YEARS	
1	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentisity list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								YELRS	
CERTIFICATION	If sny, lesding to immediate			2-10 4 3	TOUTE				4- weeks	
윤	CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								( WCC/ SA	
									2 months	
빙										
4								ERE AUTOPSY FINDINGS		
EDICAL	Chrome costructive pumonery ousease							OMPLETION OF CAUSE F DEATH?		
Σ	Atherosclerotic centro uz scular disease								YES 2 NO	
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \boxed{1}\) UNCERTAIN \( \Boxed{1}\)									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
<u>≅</u>	1 YES 2 Y NO 1 Y Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify)									
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)		286. TIME O	Υ	NJURY AT YORK?	28d. OEŞCRIBE HOW II	NJURY OCCU	UREO		
- 11	2 Accident Investigation 28s. PLACE OF INJUR	e form stre	M 1 YES 2 NO					. March		
3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or flown, State)									Rural Route Number,	
۳	29a. CERTIFIER 1 CEPTIFYING DIVERCIAN. To the head of									
COMPLE	(Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNEO (Morith, Day, Year,									
	Marrio 1d. DIAZ MD	1/11	July 1	7	0250	49	▶ V	1/10/	94	
mario H. DIAZ, MD 18101 Prince Philip Dr olney, Md 200										
I	24 DATE EILED (Month Con Mari		- 1478	-1						
	NOV 1 6 1994 Jun David	char Ro	volate							



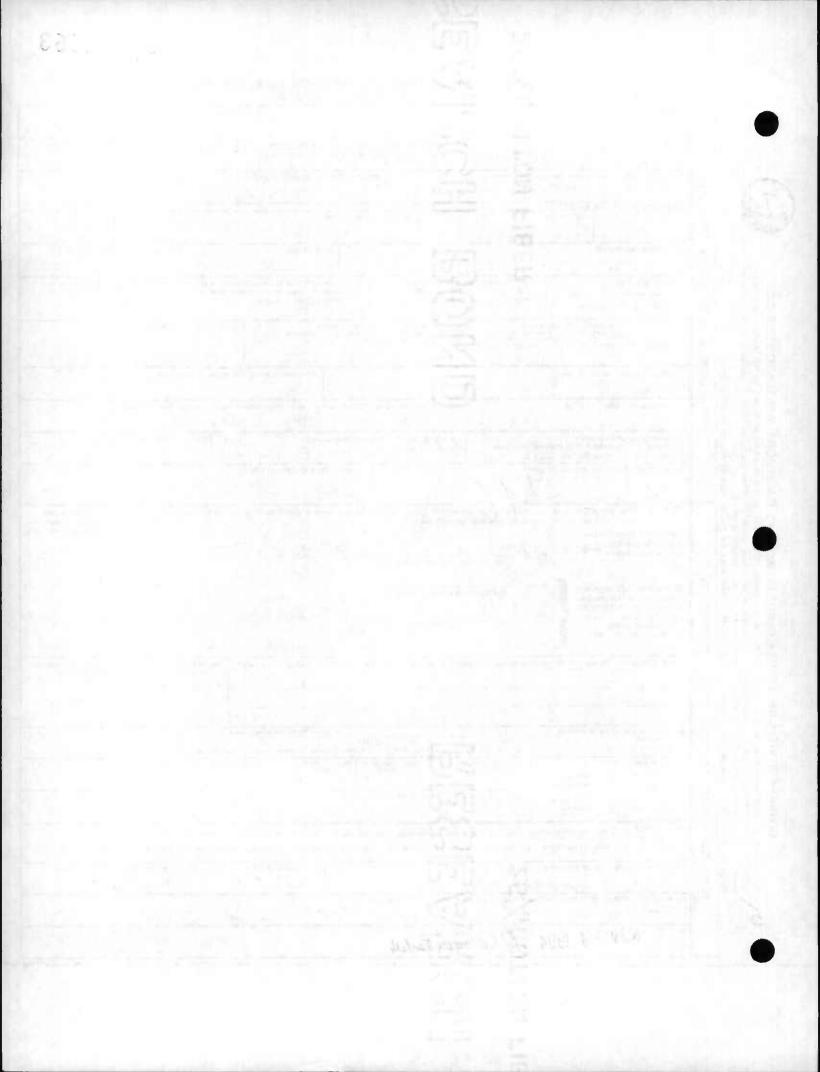
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3760,	the of a date in
30X 6	As he area
P.O. E	Ath market
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	CONTRACTOR OF STREET, The Contract of the Asset of the Contrac
RECO	
ITAL	
OF V	4400000000
SION	Contract of the last
2	TA
	2000

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERTIF	-ICAT	E OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Hettie Maj	cie Sach	ıs						2. DATE OF MONTH	DAY	10	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	Inst hirthday	IF UNDER	1 VEAR	IF UNDER	24 4000	7. DATE OF	mber 1		94	1550 M
	577-01-1629	1 🗆 M 2 📜 F	8		MONTHS	DAYS	HOURS	MIN.	(Month, D			Country)	N.C.
_	9e. FACILITY NAME (If not institution, give a	•			9b. CITY	, TOWN	OR LOCATION	ON OF DE	ATH		9c. COUN	TY OF DEA	тн
PO	Calvert Memorial	Hospital			Pr	ince	Fre	deri	ck		Cal	vert	
ᄓ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	,		1									
FUNERAL DIRECTOR		lington	E.	10c. CI	TY, TOWN	OR LOCA	TION						Od. INSIDE CITY LIMITS?  YES 2 NO
A	10e. STREET AND NUMBER					10	. ZIP CODI	E			10g. CITIZ	EN OF WH	AT COUNTRY?
E	4435 N. Pershi	ng Drive					2:	2203		100		U.S.	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 25	ARMED NO		If yes, sp		n, Mexican	, Puerto Rici	Specify Yes o	r No—	14. RACE - Black, 1 Specify:	- American Indian, White, atc.
0	15. DECEDENT'S EDU		18a, I	DECEDENT'S	S USUAL O	CCUPATION	ON		186. KI	ND OF BUSIN	IFSS/INDI	ISTRY	WILLCE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done use retired.)	during mo	st of working	ng	1000				
7	12	College (1-4 or 5+)	7	Telep	hone	One	rato	r	Fe	ederal	COV	ornm	ont-
Ž	17. FATHER'S NAME (First, Middle, Last)			тотор	110110	Opc	_	-				CITIE	CITC .
	David E.	How	10						AE (First, Mide	die, Melden Su	imame)	NTO	+
BE		Ноу						ary					wton
2	19a. INFORMANT'S NAME (Type/Print)									City or Town,	,,	,	
	Wylma Bright			1021	Car	son	Drive	e Hu	unting	gtown,	MD	2063	9
	20a, METHOD OF DISPOSITION  1 😂 Burlel 2 🗆 Cremetton 3 🗔 Ram  4 🗆 Donation 5 🚨 Other (Specify)	oval from State		E AND DATE crematery or anda				11-	10-94	Hur.		town	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE		_1.				
	23. PART I. Enter the diseases, or	Jull											, MD 20736
EDICAL CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONS	SEOUENCE (	OF):	7 PA	192	- PA	7607				o wks
点		d											<del>-</del>
	PART II. Other significant condition	s contributing to de	eth but no	t resulting	in the u	nderlyin	g ceuse (	given in I		PERFORM	ED?	A C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
Σ.									7-1				
Y	25. WAS CASE REFERRED TO MEDICAL					26. Pi	LACE OF D	EATH (Cha	ck only one)				
PHYSICIAN:	EXAMINER?  1 Tes 2 No	HOSPITAL:	D/Out-of	2 🗆 221	OTHE	R:							
¥	27. MANNER OF DEATH	28a, DATE OF IN.		-				sidence	8 Other (S	, , , ,			
BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		28b. TII	JURY M		PES 2	] ND	28d. DESCR	HBE HOW INJ	URY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, ato	NJURY — Al L. (Specify)	home, farm,	street, fac	tory, offic	a		28f. LOCATE City or	ON (Street and lown, State)	d Number o	or Rural Rou	ite Number,
COMPLETED		CIAN: To the best of my											
ō l	2 MEDICAL EXAMINE	:: On the besis of exam	nination and/o	or investigati	ion, in my i	opinion, c	leath occur	red at the t	lime, data an	d place, and	due to the	cause(a) a	and menner as stated.
B	286. SIGNATURE AND TITLE OF CERTIFIE	get no	M				29e. LICE	263	58 58	1	DATE	SIGNED IN	194 Y
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (IT	TEM 27) (No	n, Print)	ER	700	tur.		20	620	-	THERE
	31. DATE FILED (MOnth/Day, Year)	32. BEGISTRAD'S	SIGNATURE	· INC	798	-	5.64	CA	1	2.90	4/3		
	NUV - 4 199	4 Julia da	welson-	Cardall						ы			
					7					***			





		nsit p	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pot be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	e notified at once.
	ours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		ation,	the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ad with	omplete	event,
( 68	execute	and co	matic
80)	ate be	hysiclan prior	r trau
0	certific	ding pl	r othe
S, P	death	Nental I	ury, o
ORD	that the	th and h	imy in
ECC	quires	n signe	DWS 3
AL R	law re	Dept. o	23 sh
VITA	AN: The	ificate b	r Item
OF	HYSICI	his cent	ced, o
NO	DING P	After th	marl mark
VISI	ATTEN	ECTOR: s after	1 28 i
0	AL OR	AL DIR	If Item
	HOSPIT	FUNER WITHIN	TANT
	O THE	o THE	MPOR
	=	FA	=

TO BE COMPLETED BY FUNERAL DIRECTOR

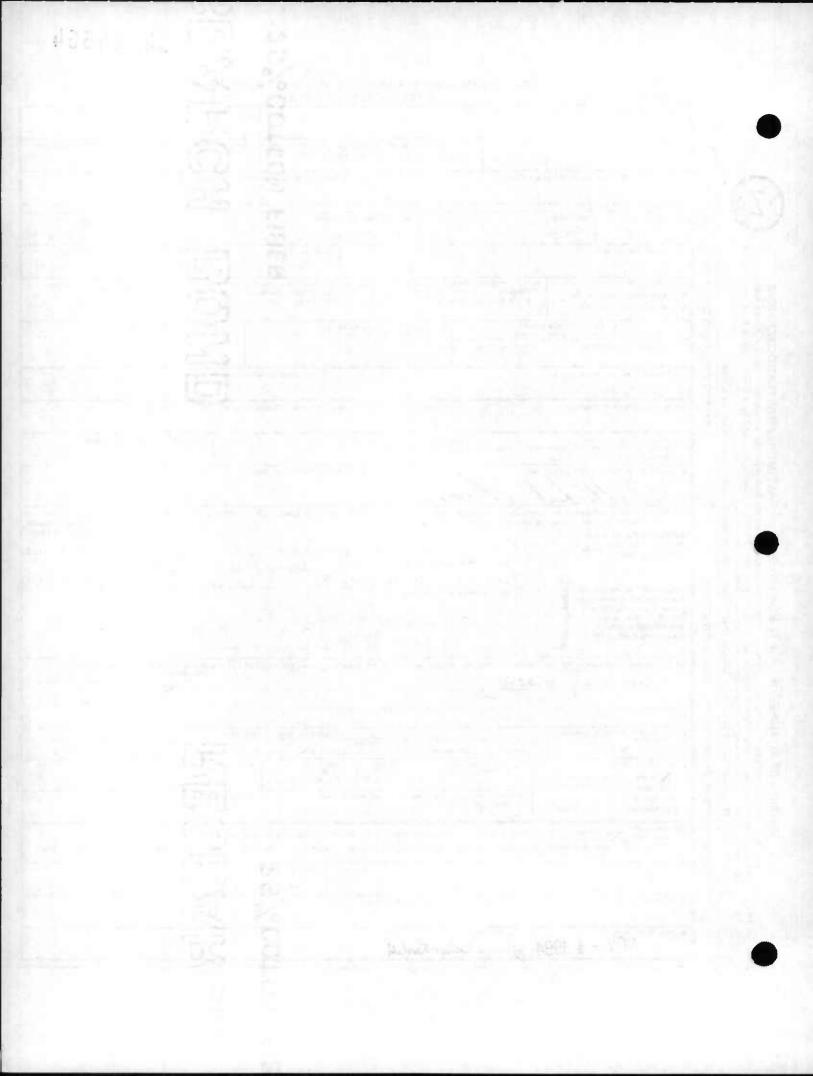
FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR	TMENT (	OF H	HEALTH AND	MENT	AL HYGIEN			
1. DECEDENT'S NAME (First	, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Ellsworth	Leor	na SIPE						1.0	- 29 <sup>th</sup>	- 19	94	6:49 p m
4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS		E OF BIRTH		a. BIRTI	IPLACE (State or Foreign
229-52-1532		1 🔯 M 2 🗌 F	51	YRS.	MONTHS E	BYA	HOURS MIN.	3-	4-1943		VA	ry)
9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY, TO	OWN I	OR LOCATION OF	DEATH		9c. COU	NTY OF D	DEATH
860 Lindy					Hunt	in	gtown		BE.	Cai	lver	t
10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCA	TION			_		10d. INSIDE CITY
MD	Calv	rert		Hun	ntingt	O7:1	m					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	Calv	ELC		110	icing	-	f. ZIP CODE			10a CIT	IZEN OF S	WHAT COUNTRY?
860 Lindy	T.ano						20639	)		USA		
11. MARITAL STATUS	Dane	12. WAS DECEDER	T EVER IN I	J.S. ARMED	13. WA	S DEC	CENDENT OF HIS		GIN? (Specify Ver			E — American Indian.
1 Never Married 2 23 3 Wildowed 4 Dive		FORCES?	YES	2 NO	If y	es, sp	Decity Cuban, Mex S 2 A NO Spe	ican, Puerl		0.110	Spec	k, Whita, atc.
	EDENT'S EDU		1	6a. DECEDENT'S	USUAL OCCI	UPATION THE	ON net of working	1	6b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	ille. Do NOT us	se retired.)	nny m	oat or working					
		5+		Teac	her		100		Public	Edu	cati	on
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTHER'S	NAME (Firs	I, Middle, Malden	Surname)		
Leoma Ellsw	orth	Patterso	n Sip	e			Cather	cine	11524			Long
19a. INFORMANT'S NAME (				19b. MAILING	ADDRESS (S	Street	and Number or Rur	ral Route No	imber, City or Tow	n, State, Zi	o Code)	
Lynn G.	Sipe			same	as 10	0 a	above					
20a. METHOD OF DISPOSIT  1 □ Burlal 2 □ Crematic  4 □ Donation 5 □ Other	on 3 🗆 Ren	noval from Stata	comet	LACEAND DATE OF PROPERTY OF PR	ther niscel		eme of ematory	1		cation –		
23. PART i. Enter the d shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert feilure.	complications the List only one cells.  Mals.  Due to Mult	use on eac	h iina.	not enter th	s mo		uch es c	ardisc or reep	ratory er	reet,	Approximats interval Between
Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated evente resulting in death) LAS	diate iNG iry	c	(OR AS A C	METAS CONSEQUENCE OF	F):	3 -		Li	Ver			3-9 moss
PART II. Other eignifica		ns contributing to	death but	not resulting	in the unda	ıriyin	g cause given	in Part i.	24a, WAS AN PERFOI 1 TYES 2	RMED?	245	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	ноевита				28. P	LACE OF DEATH	Check only	one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpat	ient 3 🗆 DOA	OTHER:	g Hon	ne 5 % Realdend	8 0	ther (Specify)			
27. MANNER OF OEATH  1 Netural 5	Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIM	IURY		JURY AT ORK? YES 2 NO	28d. C	ESCRIBE HOW	NJURY OC	CURED	W 42 W
2 Accident 3 Suicide 8 Homicide	Investigation Could not be determined	28a. PLACE ( building	OF INJURY -	- At home, ferm,					OCATION (Street ity or Town, State)	and Numbe	r or Rural	Route Number,
anal .		SICIAN: To the best of e										a) and manner as stated.
29b. SIGNATURE AND TITLE  CHAPLES  30. NAME AND ADDRESS OF	d P.	Sterr	~~~	M.D.	Orient		29c. LICENSE I	724	15			(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAU	SE OF DEAT	Н (ІТЕМ 27) (Тура	, Print)						C. O.D.	1 -1

10

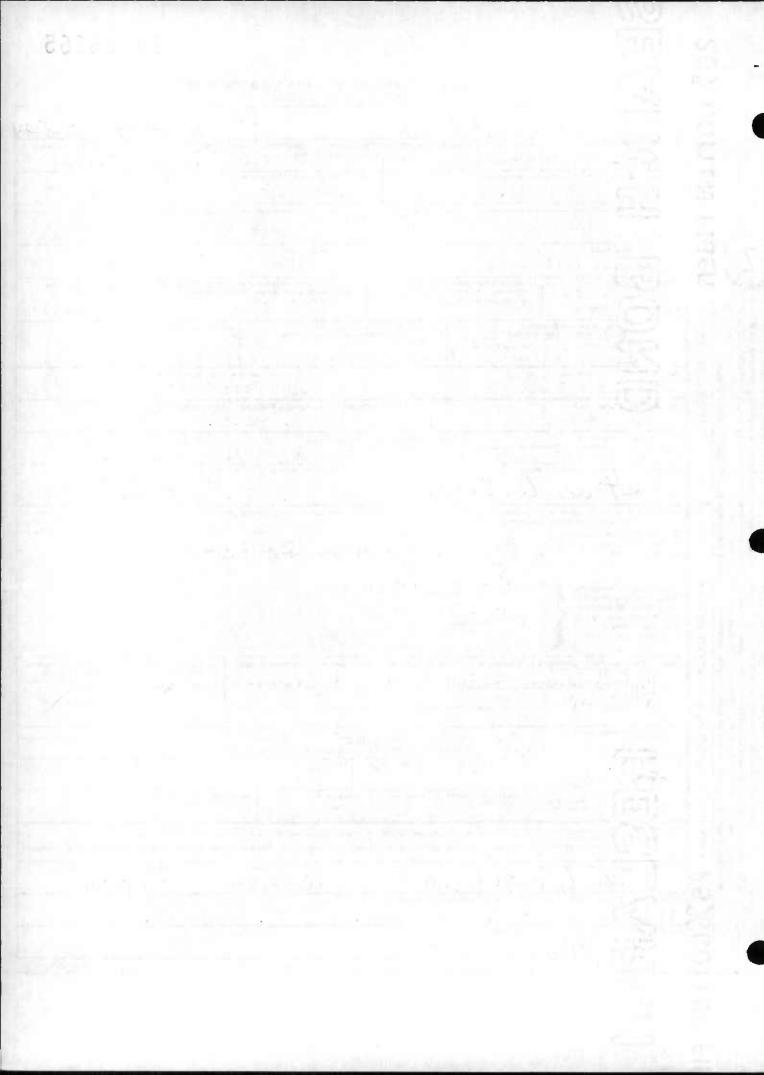
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year) NOV - 4

32. REGISTRAR'S SIGNATURE
Javie Lawelen Rardall



	1. DECEDENT'S NAME (First, Middle, Ignst)	CA 1	0	TIFICATI		-		REG. N			3. TIME OF DEATN
	Crvel	Floyd	Smock					MONTH //	80	94	10:25 A
	4. SOCIAL SECURITY NUMBER 306-10-6512	5. SEX	6. AGE (In yrs. lest birth	RS. IF UNDER	DAYS	HOURS	MIN.	Jun 2,	902	a. BIRTHI Country	PLACE (State or Foreign
5	9a. FACILITY NAME (If not institution, give a Carroll County		spital			I i n s	ter	EATH		arro	
DINECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT		100	c. CITY, TOWN					1		10d. INSIDE CITY
	Maryland Ca	rroll			_	mps	tea	d	Las. on		LIMITS?  1 YES 2 NO  HAT COUNTRY?
ייייייייייייייייייייייייייייייייייייייי	4802 Westfield	Drive					074		log. Cr	US	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO IR OR DATES		If yes, sp		an, Maxica	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No-	14. RACE Black, Specif	- American Indian, White, atc.  White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kin	NT'S USUAL O	CCUPATIO	ON est of worki	ing	16b. KIND OF I	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Techn	ici	an		West	ingh	ouse	
	17. FATHER'S NAME (First, Middle, Last)  John Casey Sm (	ock						Me (First, Middle, Maid Jane Cro		r	
	194. INFORMANT'S NAME (Type/Print) David Lee Smoo	ck	19b. MA 963					Route Number, City or CLean, V			
	20a, METNOD OF DISPOSITION		20b. PLACE AND D	ATE OF DISPOS	SITION /NE	ame of		DATE 20c.	LOCATION -	- City or Tov	
	X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LI		Hamp's t				SS OF FA		amps		
	* Steves	W. E.	line					EIII			l Home MD 21074
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Hyp	OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT	CE OFF:	5	_	20/	/RML			Onset and Daat
- 11	PART II. Other significant condition	ns contributing to		ting in the u	nderlyin	g cause	given in	PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Delirium	1	1311 3220	really		1700	,,,,,,	1  YES	2 NO		OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF E	DEATN (Ch	eck only one)			
	1 U YES 2 NO 27. MANNER OF DEATN	28a. DATE OF I	ER/Outpatient 3 D	OA 4 INu	28c. INJ	URY AT	lesidence	6 Other (Specify) 28d. DESCRIBE NO	W INJURY O	CCURED	
	1 Netural 5 Pending 2 Accident Investigation	(Month, De	INJURY — At home, for	INJURY M	1 🗆	YES 2 [	□ NO				
l	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)	arm, street, rac	tory, offic			281. LOCATION (Stre City or Town, Str	et and Numbe	or or Hural H	oute Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ICIAN: To the best of r ER: Dri the besis of ex									and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIE	1	mD				ENSE NUI				Month, Day, Year)
	/ P 7 V N	1//	7.10			100	77	0 '			_17
	30. NAME AND ADVISES OF PERSON WE 114 Business C										



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 52 should be detached for use as the burit be filled within 57 should be detached for use as the burit LIMDORTANT. If them 28 is marked to them 28 should be detached for the page and litture or other featurements extent to fill the page of them 29 should be asset that the page of	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within To THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within To Note after death with the State Degit, of Hearth and Mental Hygiens prior to burial, certificial, or removal.  **MEMORTARITY if Name 29 is marked or them 29 shows any latter for any or any or attendance must be partitled as page.
ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use th and Mental Hyglene prior to burkal, cremation, or removal.	that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attr of by the attending physician and completely filled in by the funeral director, page 5 should be detached for use n and Mental Myglene prior to bun'al, cremation, or removal.
	that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attendir

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATUR

Wilbur H. Foard

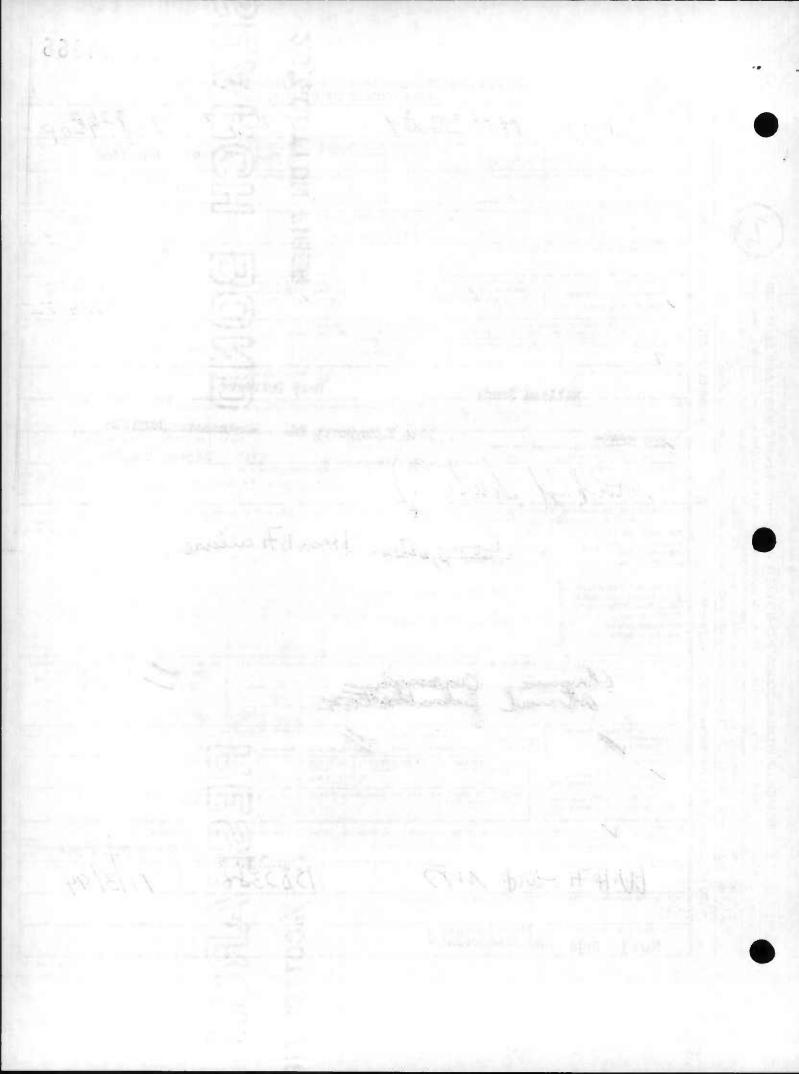
31. DATE FILED (Month, Day, Year) NOV 1 0 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHARLE 920 Tuc 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F YRS. 205-16-2516 97 April 9.1897 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll LoneView N.H. Manchester 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Carroll Westminster 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1544 E. Mayberry Road 21158 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use, refined.)
Farmer 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTR ry/Secondary (0-12) College (1-4 or 5+) Agriculture 17. FATHER'S NAME (First, Middle, Leet) William Study must be notified at once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Dutterer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward Study E. Mayberry Rd Westpingter MD21159
DATE 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION

1 Burlat 2 Cremation 3 Remo 20b. PLACE AND DATE OF DISPOSITION (Name of Mary S 4 Donation 8 Other (Specify) Cemetery Silver Run MD 21. SIGNATURE OF FUHETTAL SELVICE LICES 22. NAME AND ADDRESS OF FACILITY Littles'F.H.34 Maple Ave.Littlestown, PA173 Enter the diseases, or complications that caused the deuth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter the diseases, or Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death Heart Frailure gestn disease or condition resulting in deeth) EQUENCE OF Sequentially list conditiona, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 LANG 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA sing Home 5 - Residence 6 - Other (Specify) 4 D N 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. DO2386 296. SIGNATURE AND TITLE DE CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Ht oaro

M.D. 3223 Main St. Manchester MD21102

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit a
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

1. DECEDENT'S NAME (Firs		4475.5		127		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
BEN W		T, JR				October 2	25, 19	94	7:45 I
4. SOCIAL SECURITY NUM 577-05-06	03	1 🚉 💥 2 🗆 F	77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/19	16	BIRTH MPDrtn	PLACE (State or Foreign USA
96. FACILITY NAME (If not a Berlin Nu		Home		Berlin	R LOCATION OF DE	ATH	9c. COUNT	Ces	ter
RESIDENCE OF DE	10b. COUN	™ Worcester	10c. CIT	Ocean (	City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
2500 N		imore Ave.		101	21842		10g. CITIZ	EN OF W	THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Div		12. WAS DECEDENT EYER FORCES? 1 YES	IN U.S. ARMED S 2 NO DATES	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	es or No—	14. RACE Black Specifi	- American Indian, , White, atc. y: White
(Specify or Elementary/Secondary 12		UCATION de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during mose retired.)	se Opera	tor	Ren		
	Willia e	am Suit, SR			Ag	ME (First, Middle, Maider gnes Swee	ney		
Carolyn						Poute Number, City or Tox ve. Ocean			21842
20a. METNOD OF DISPOSI 1	Ion 3 🗆 Re	moval from Stata	b. PLACE AND DATE	of disposition (Na	ematory	10/27 94	Frank	for	Mn, State
21. SIGNATURE OF YUNER	SERVICE L	JCENSEE		22 NAME AN	ID ADDRESS OF FA	Burbag	TO FILE	2012	1 Home
23. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death)	diseesea, pi haart fallure	Complications that cause on a Carlon	asch lina.	108 not enter tha mo	Williams de of dylng, auc	St. Berlin	ojratory arre	21 eat,	Approximate Interval Betw
shock, or I iMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events	disessea, printer de la companya de	a. DUE TO (OR AS	aach lina.	108 not enter the mo	Williams de of dylng, auc	St. Berlin	ojratory arre	21 eat,	Approximate Interval Betw
shock, or immediate the condition resulting in death)  Sequentially list condition, sequentially list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LA:  PART II. Other significations	disessea, pi haart failure inal httpns, ediete YING jury	a. DUE TO (OR AS  d. DUE TO (OR AS  DOES TO (OR AS  DOES TO (OR AS  DOES TO (OR AS  DOES TO (OR AS  DOES TO (OR AS  DOES TO (OR AS  DOES TO (OR AS	A CONSEQUENCE O	108 not enter tha mo isolicie (	Williams de of dying, auci	St. Berlin has cerdlec or resp  VOSSUME Part I. 24a, WAS AL	n, MD  piratory arre  Dus	21	Approximate interval Betwonset and Do
shock, or immediate process of the second in	disessea, printer disease di la conditiona di la conditio	a. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE O	not enter the mo	Williams de of dying, such  Cardio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio  Gradio	St. Berlin h as cerdlec or resp  VOSULE Part I. 24a, WAS AI PERFO 1 YES	n, MD  piratory arre  Du  NAUTOPSY PRIMED?	21	Approximate interval Betwoonset and Do
shock, or immediate the condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition, list condition in death immediate. Enter UNDERLY CAUSE (Disease or injust and initiated events resulting in death) LA:  PART II. Other significations of the condition of the condi	disessea, printer disease di la conditiona di la conditio	a. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE OF A CONS	not enter the mo	Williams de of dying, auci  Cardio  Greuse given in  Curtis  C Pisora  Ace Of DEATH (Chi	St. Berlin h as cerdlec or resp  Wasula  Part I. 24a. WAS AI PERFO 1 YES  eck only one)	n, MD  piratory arre  Du  NAUTOPSY PRIMED?	21	Approximate interval Setw Onset and Do Setwork and Do Setwork Onset and Do Setwork Ons
shock, bridger of the process of the	diseasea, Di haart failure inal itipns, ediete ying lury ST	a. DUE TO (OR AS  d. DUE TO (O	ach lina.  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but not resulting  flux  flux  squares	108 not enter tha mo  Lettle ( F):  In the underlying  Lettle ( 26. Pt.  ACI Nursing Nom  BE OF 28c. INJ  WO	Gracio  Gracio	St. Berlin h as cerdlec or resp  VOSULE Part I. 24a, WAS AI PERFO 1 YES	N AUTOPSY	21 est,	Approximate interval Setw Onset and Do Setwork and Do Setwork Onset and Do Setwork Ons
shock, bridge and shock, bridge as bridge and shock, bridge and sh	disessea, Di haart failure inal ittipus, ediete ying jury stra condition con	a. List bniy pire cause on  a. List bniy pire cause on  a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	ach lina.  A SCUM A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  Consequence of the c	Inthe underlying  Little (  F):  In the underlying  Little (  AL Nursing Norm  BLOTHER:  AL Nursing Norm  BLOTHER:  WO  1   1	Williams de of dying, auci  Cardio  Greate given in  Cardio  Greate Greate (Ch.  6 5   Realdence  UNY AT  RKY  (ES 2   ND	St. Berlir h as cerdlec or resp  UDSULE  Part I. 24a. WAS AI PERFO 1 YES  eck only one) 6 Other (Specify)	N AUTOPSY RMED?  2 K NO  INJURY OCCI	21 cat,	Approximate interval Betwoen and Do S
Shock, brighter shock, brighte	diseasea, Di haart failure inal	DUE TO (OR AS  D. DUE TO (OR AS)  D. DUE TO (OR AS  D. DUE TO (OR AS)  D. DUE TO (OR AS  D. DUE TO (OR AS)	asch lina.  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but not resulting  but not resulting  consequence of the consequ	Inthe underlying  In the underly	Williams de of dying, auci  Cardio  Ca	Part I. 24a. WAS AL PERFO 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State to the cause(a) and me	N AUTOPSY PRIMED?  2 K NO  INJURY OCCU	21  24b.  URED  Or Rural R	Approximate interval Betwonset and Double Interval Betwonset and Double Interval Betwonset and Double Interval Betwonset and Double Interval Betwonset Interval Betwo
Shock, Dr I Shock, Dr I IMMEDIATE CAUSE (F) Idisease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:  PART II. Other signification in the cause of the cause	diseasea, purhaart failure inal inal inal inal inal inal inal inal	DUE TO (OR AS  DUE TO	aach lina.  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  but npt resulting  current and perfect of the consequence of the	In the underlying  In the underl	Williams de of dying, auci  Cardio  Ca	Part I. 24a. WAS AI PERFO  1 YES  24d. VAS AI PERFO  1 YES  24d. VAS AI PERFO  1 YES  25d. DESCRIBE NOW  28f. LOCATION (Street City or Town. State  to the cause(a) and methrne, deta and place, a	N AUTOPSY PRIMED?  2 M NO  INJURY OCCUPANT OF THE PRIMED O	21  24b.  24b.  24b.  Signed	Approximate interval Betwonset and Double Interval Betwonset and Double Interval Betwonset and Double Interval Betwonset and Double Interval Betwonset Interval Betwo

10-26-9U

· V		L	
S.	-	ت	ď
	BALTIMORE, MARYLAND 21215-0020	nay be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Page
	AOF	3e 6 m	rector,
	LTI	ath. Pag	neral di
	BAI	ofter dea	y the fu
		DOUTS 2	d in be
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.00 permits the charge doubt with the Charle hand of Mariet Physician price to thinking the ministransity of the charge of Mariet Physician price to the purity of the charge of the charles of the charge of the charles of the charge of the charge of the charge of the charge of the charge of the charge of the charles of the charge of the

of for		
detach		Once.
e		76
should		tiffed
6.5		n n
pag		be
irector,		r mus
and completely filled in by the funeral director, page 5 should be de-		ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
by the	гетома	dicai
ed in	0	me
y fille	tion.	the
mpletel	burial, cremation, or removal.	went,
8	urial	tic
In ar	tot	uma
sicia	prior	Ę
E P	ene	ther
upu	PA	0 1
afte	ntal	7, 0
the	Me	를
d by	and	my
argne	ealt	50
en sen	jo T	Show
as b	Dept.	23
ECTOR: After this certificate has been signed by the attending physician and co	State [	Item
ertifi	the	0
his c	with	ked,
ther t	ath	mar
3. A	op Je	50
8	afte	28
DIRE	hours	Hem
A	2	=
FUNE	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu	ITANT

HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH NOVEMber 10, 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH TAMSEY MAE STONESTEER 1 994 12:55 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. Inst hirthday) 2. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign OCT. 13, 1903 212-38-2534 Maryland 1 | M 2 X | F 91 DAYS HOURS VDC Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Westminster Nursing & Convalescent Ct Westminster Carroll DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carrol1 Taneytown 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 440 E. Baltimore St. 21787 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO B₹ 3 Nidowed 4 Divorced Specify: Specify: Causcian COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Educator Public Education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel W. Wheatley Nettie Medford BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Molly W. Bowers 325 Pleasanton Rd. Apt. 13, Westminster, MD 21157 20a. METHOD OF DISPOSITION
P Burial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter Granatory or other lace! Cem. 1/13 Taneytown, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Skiles Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 136 E. Baltimore St., Taneytown, MD 21787 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition yeard resulting in death) DUE TO (OR AS A CONSEQUENCE OF) C-VA CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED 1 TYES 2 KNO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation ВY 2 Accident 28a, PLACE OF INJURY farm, street, factory, offica Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 MEMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 PLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 1994

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been signed with the State Dept. of He	IMPORTANT: It item 28 is marked, or item 23 show

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
		C	ERTIFICATE	OF	DEAT	H		REG. NO.

	REGISTRAR	CERTIFIC	AIL OF BLAIR	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH					
	ANGIE WARREN		mith	November	3.199	4 0280 4					
1			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign Jountry)					
	215-16-3148 10 M2 XF 7	8 YRS.		JAN 12,	1916	DE.					
-	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY						
DIRECTOR	PENINSULA REGIONAL MEDICAL C	ENTER	SALISBURY		WICO	MICO					
딦	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c CITY TO	OWN OR LOCATION			10d. INSIDE CITY					
E	DE SUSSEX		REENWOOD			LIMITS?					
	100. STREET AND NUMBER	1 67	101. ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?					
FUNERAL	R-2 Box 143-B5		1995	50		SA					
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISP								
	1 Never Married 2 Married FORCES? 1 YES		If yes, specify Cuban, Maxi	can, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:					
ВУ	3 Wildowed 4 Divorced	Maria Inc.				WHITE					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	done during most of working	16b. KIND OF BUS	INESS/INDUST	RY					
	Elementary/Secondary (0-12) Coflege (1-4 or 5+)	Me. Do NOT use re	tired.)								
MP	8	HOME	MAKER		MEST	IC					
COMPL	17. FATHER'S NAME (First, Middle, Lest)			IAME (First, Middle, Malden							
BE	STACK O'DAY			LLY VO							
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO AD	DRESS (Street and Number or Run			,					
-	ROBERT J. SMITH	K-3		ARRINGTOI							
	20s_METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal from Stale	PLACE AND DATE OF D	ISPOSITION (Name of piece)	OATE 20c. LO	CATION — City	or Town, State					
	Donalton 5 Other (Specify)	ODDS CA	LAPEL CEMETE	Ry" GK	LEENW	DOU DE					
	1) Burial 2 Cremation 3 Removal from Stale  20 Cremation 2 Removal from Stale  20 Donaldon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENIES  22. NAME AND ADDRESS OF FACILITY  FLEISCHAUER FUNERAL HOME										
	Sugar Neste	168 602 GREENWOOD VE 19950									
-	23. PART I. Enter the disesses, or complications that caused	the deeth. Do not	enter the mode of dying, so	ich se cerdiac or respi	ratory srrest,	Approximate					
100	shock, or Neert fellure. List only one ceuse on es	ich lins.		1		Onset and Death					
	disease or condition	truck Ito	eart tai	MAR							
	resulting in death) s	CONSEQUENCE OF):		177							
z	- Aortic	STEL	.050								
은	Sequentially list conditions, If any, leeding to immediate	CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury										
프	that initiated events resulting in death) LAST	CONSEQUENCE OF):									
EH	d										
	PART II. Other significent conditions contributing to death be	ut not resulting in t	he underlying cause given	n Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
DICAL				PERFOR	MED3	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
144				1 _ YES 2	₩ NO	OF DEATH?					
Σ						1 TYES 2 W NO					
			26. PLACE OF DEATH (	Chack ask assi							
	25. WAS CASE REFERRED TO MEDICAL			STRUCK OTHY OTHE)							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 UN NO 1 Magnificat 2 DEPONS		THER:								
	EXAMINER?  1   YES 2   NO   NO   NO   NO   NO   NO   NO	ationt 3 DOA 4	THER:  Nursing Home 5 - Rasidence		WILLEN OCCUBE	in.					
PHYSICIAN:	EXAMINER?  1  YES 2 NO		THER:  Nursing Home 5 - Rasidence F 26c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURE	ED					
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Minpatient 2 ER/Output  27. MANYER OF OEATH  1 Netural 5 Pending 2 Accident Investigation  28. PLACE OF INJURY  (Month, Day, Year)	28b. TIME O	THER: Nursing Home 5 Residence F 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW H							
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Minpatient 2 ER/Output  27. MANNER OF OEATH  1 Netural 5 Pending  EXAMINER?  1 Minpatient 2 ER/Output  (Month, Day, Year)	28b. TIME O	THER: Nursing Home 5 Residence F 26c. INJURY AT WORK? M 1 YES 2 NO								
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined  2 Dec CECTIFIED	28b. TIME O INJURY  Al home, larm, streetity)	THER: Nursing Home 5   Rasidence F. 26c. INJURY AT WORK? M 1 YES 2 NO pt, lactory, office	28d. DEŞCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	and Number or R						
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Check only)  1 CERTIFYING PHYSICIAN: To the beat of my knowledges.	attent 3 DOA 4  28b. TIME 0  INJURY  Al home, larm, streetly)	THER: Nursing Home 5   Rasidence F. 26c. INJURY AT WORK? M 1 YES 2 NO pt, lactory, office	28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, Stete)	and Number or R	urel Route Number,					
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowle	attent 3 DOA 4  28b. TIME 0  INJURY  Al home, larm, streetly)	THER: Nursing Home 5   Rasidence F. 26c. INJURY AT WORK? M 1 YES 2 NO pt, lactory, office	28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, Stete)	and Number or R	urel Route Number,					
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 VES 2 NO  1 Manyer of OEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Check only)  1 CERTIFYING PHYSICIAN: To the beat of my knowledges.	attent 3 DOA 4  28b. TIME 0  INJURY  Al home, larm, streetly)	THER: Nursing Home 5   Rasidence F. 26c. INJURY AT WORK? M 1 YES 2 NO pt, lactory, office	28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)	and Number or Ri oner as stated, d due to the ca	urel Route Number,					
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 More of OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beats of examination	attent 3 DOA 4	THER: Nursing Home 5   Rasidence F	28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)	and Number or Ri oner as stated, d due to the ca	urel Route Number,					
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 VIP Inpatient 2 ERVOUP.  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  28a. PLACE OF INJURY building, etc. (Special Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beats of examination  25b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	attent 3 DOA 4  28b. TIME 0 INJURY  — Al home, larm, streetly)  edge, death occurred an and/or investigation, is	THER: Nursing Home 5   Rasidence F	28d. DESCRIBE HOW is 28f. LOCATION (Street and City or Town, Stelle) us to the cause(a) and man he time, data and place, an UMBER	ner as stated. d due to the ca	ural Route Number,  use(a) and manner as stated.  INEO (Month, Day, Year)					
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 More of Ceart	attent 3 DOA 4  28b. TIME O INJURY  — Al home, larm, streetify)  edge, death occurred a a and/or investigation, in  ATH (ITEM 27) (Type, Pri	THER: Nursing Home 5   Rasidence F	28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)  28f. LOCATION (Street and City or Town, Stefa)	ner as stated. d due to the ca	ural Route Number,  use(a) and manner as stated.  INEO (Month, Day, Year)					
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  1 VIP Inpatient 2 ERVOUP.  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  28a. PLACE OF INJURY building, etc. (Special Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beats of examination  25b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	attent 3 DOA 4  28b. TIME O INJURY  — Al home, larm, streetify)  edge, death occurred a a and/or investigation, in  ATH (ITEM 27) (Type, Pri	THER: Nursing Home 5   Rasidence F	28d. DESCRIBE HOW is 28f. LOCATION (Street and City or Town, Stelle) us to the cause(a) and man he time, data and place, an UMBER	ner as stated. d due to the ca	ural Route Number,  use(a) and manner as stated.  INEO (Month, Day, Year)					

TO SOLCHAPED SOMERANT CREEKINGS I BORNING RUCCIE

BALTIMORE, MARYLAND 21215-00	24 hours after death. Page 6 may be retained by the hospital or attending ph	filled in by the funeral director, page 5 should be detached for use as the by on, or removal.	he medical examiner must be notifled at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

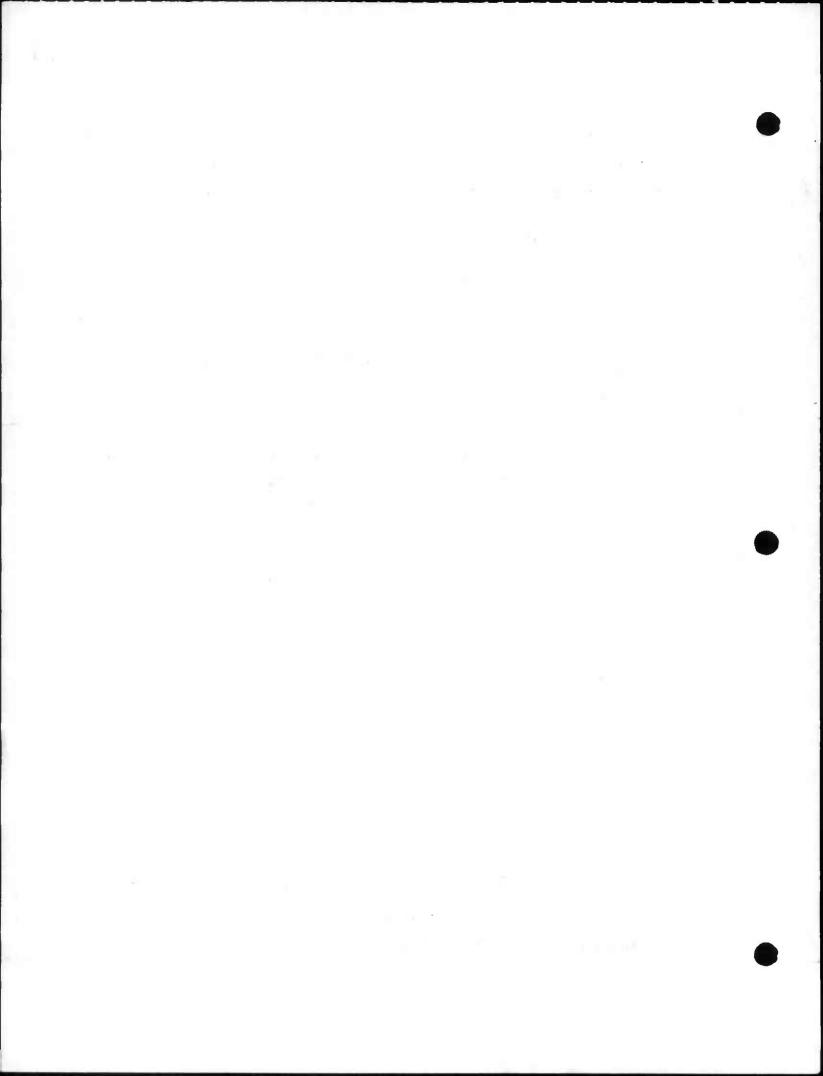
FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR		CERTIF	ICATE C	F DEATH	RE	G. NO.				
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN DAY	YEAR	3. TIME OF D	EATN	
HENRY W. SOM	MER				Nov.	_ 1	1994	5:50	P	М
		E (In yrs. lest birthday)	MONTHS DAY		7. DATE OF BI (Month, Day,	RTN Year)	8. BIRTI	NPLACE (State o	r Foreign	
211 01 03/1	1 M 2 D F	86 YRS.	0.4	230/	Feb.	2,19	08 Mai	ryland	1	
9e. FACILITY NAME (If not institution, give stre	·			YN OR LOCATION OF I	DEATN	9	c. COUNTY OF E	DEATH		
Salisbury Nursing &	Rehab Cer	ter	Sali	sbury, Md	21801		Wicomic	20		
10e. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LO	CATION				10d, INSIDE C	TY	_
Md. Wicon	mico	Sa	lisbu	r v				LIMITS?		
10e. STREET AND NUMBER	111111	1 54	IIODU	10f, ZIP CODE		1	0g. CITIZEN OF			_
203 Coulbourne	Mill Rd.		İ	21801			U.S.A			
	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Sp.	ecify Yas or			ndlen.	_
1 Never Merried 2 Married	FORCES? 1 YE	S 2 NO	If yes	, specify Cuben, Mexic YES 2 XNO Spec	cen, Puerlo Rican,	atc.)	Blac Spec	E — American I k, White, etc.		
3 Widowed 4 Divorced	0 (2.3)			A CAN	,			hite		
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18e. OECEDENT'S	work done during	ATION most of working	16b. KIND	OF BUSIN	ESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	_						
8		Maint	ainand			Bake				
17. FATHER'S NAME (First, Middle, Last)					IAME (First, Middle,		name)			
Albert Henry So	ommer				Meier					
	_			et and Number or Rura				17.7	010	0
LaVerne Richard				ourne Mi					218	0
1 Buriel 2 Cremation 3 Remov	al from State	COL. PLACE AND DATE COMMENTS OF COLORS			1 .		ion - city or to			
21. SIGNATURE OF FUNERAL SERVICE LICE		TOTTAL		AND ADDRESS OF F	-	Dar	THOLE	, Mu.		_
.6.11		/		unds Fun		Iome				
Quala ()	Daune	8	705	E. Main	st, S	Salis	bury,	Md 21	801	
23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that cause or	sed the death. Do	not entar tha	mode of dying, su	ch as cardiac o	or reapiret	ory arrest,	Approx	imata Batwee	
iMMEDIATE CAUSE (Final	/		)						and Daat	
disease or condition resulting in death)	sezy	le de	zne	efu	1			10	ace	
	OUE TO (OR A	S A CONSEQUENCE O	PF):	/					-	
Sequentially list conditions,	100	RIOT.		Cance	7			530	7.	_
if any, leading to immediate cause. Entar UNDERLYING	OUE TO TON A	A CONSEQUENCE O	*):		2	1		16	-	
CAUSE (Disease or injury thet initiated events	DUE TOYOR A	S A CONSEQUENCE O	IFI:	en cut	as of	Le	eone	-135	14	-
resulting in death) LAST			. ,.					i ′		
								+		
PART il. Other aignificant conditions	contributing to death	but not resulting	in the undari	ying cause givan in		WAS AN AU		WERE AUTOPS		
						YES 2		COMPLETION COMPLETION		
								1 YES 2	□ NO	
DID TOBACCO USE CONTRI	<b>BUTE TO CAUSE</b>	OF DEATH Y	ES 🗆 NO	■ UNCERTA	IN 🗆					П
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OÉA		ne)						$\Box$
	I ☐ Inpstient 2 ☐ ER/O	utpetient 3 🗆 DOA	OTHER: 4 - Nursing F	fome 5 ☐ Rasidence	6 Other (Spec	cify)				
27. MANNER OF OEATN	28e. OATE OF INJUR (Month, Oay, Year		E OF 28c.	INJURY AT WORK?	28d. OESCRIBI	E NOW INJU	IRY OCCUREO			П
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory, o	iffica	281. LOCATION City or Tow	(Street and	Number or Rural I	Route Number,		٦
29e. CERTIFIER (Check only										٦
2 MEDICAL EXAMINER:	On the besis of exemine	tion and/or investigation	on, in my opinio	n, death occured at th	e time, data end p	place, end d	ue to the ceuse(s	a) and menner e	e stated.	1
294 SHOMATURE AND TITLE OF EDITIFIED	///			29c. LICENSE NU	JMBER	21	DATE SIGNED	(Month, Day, Ye	ar)	٦
1/1/	1			D-29	349		11/3/	191		
30. NAME AND ADDRESS OF PERSON WHO							1/	1		Ħ
WILLIAM ROBINS, M.D	., 1104 HE	ALTHWAY D	DR., SA	LISBURY,	MD.					
31 DATE FILED (Month Day Year)	22 DECISTBAD'S OF	CALATUDE							-	٦
NOV 03 1994	Julia Davel	wor Karball								

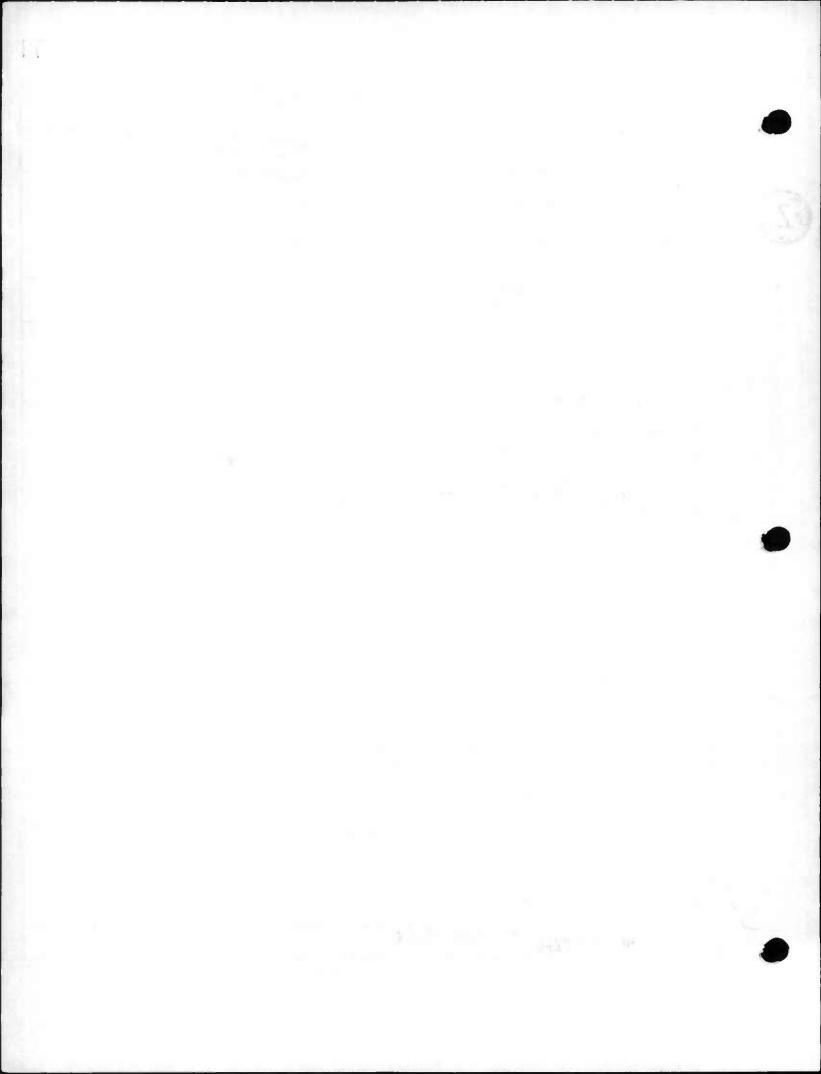
.2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

DECEMBER A MARK (FAM ALONS AREA  1. SEX  1. SOUR SECRET AND MARKETS  1. SEX  1. SOUR SECRET AND MARKETS  1. SOUR S		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN		
A SOURCE TEACHET NUMBER  217-10-4963  3 Yes		1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATH
SOCIAL SECURITY NAME (FIT ALL STATES)  1 C M 2 CM 2 M 2 M 2 M 3 M 1 M 2 M 2 M 3 M 1 M 2 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1		Ruth I	Shertz	er				6 190	1 J:00 P W
BE FACILITY MANG (For sharphon, you were not number)  Frostburg Village Nursing Home  Frostburg Village Nursing Home  Frostburg Village Nursing Home  Frostburg Village Nursing Home  Frostburg  10. 29 Code  10. 29 Code  10. 29 Code  10. 21532  10. 21532  10. 21532  10. 21532  10. 21532  10. 2053  2053		4. SOCIAL SECURITY NUMBER 5	i. SEX 6. AGE (Ir	yrs. last birthday)			7 DATE OF BIRTH	Te	BIRTHPLACE (State or Foreign
PROSEDURY VILLage Nursing Home Frostburg Allegany    No. STATE   No. COUNTY   No. C		217-10-4900		3 YRS.		ACCOUNT.			MD
Thomas M. Ginevan  Thomas M. Gin	OR	Frostburg Village		ome			EATH		
Thomas M. Ginevan  Thomas M. Gin	EC			10c. CIT	r, TOWN OR LOCAT	ION			10d. INSIDE CITY
September   Directed   F YES, GIVE WARLOR DATES   1   YES 2   10   No. DECEDENT'S DUCATION (Give bind of most done during most of working leavements)   10   No. NO. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No.			gany	Fr					1 YES 2 KNO
September   Directed   F YES, GIVE WARLOR DATES   1   YES 2   10   No. DECEDENT'S DUCATION (Give bind of most done during most of working leavements)   10   No. NO. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No.	RAI	112011	(ane Ant	314	101				
September   Directed   F YES, GIVE WARLOR DATES   1   YES 2   10   No. DECEDENT'S DUCATION (Give bind of most done during most of working leavements)   10   No. NO. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No. No. No. OF BUSINESS/IMPUSTRY   10   No.	SNE				13 WAS OFC		NIC OBIGIN? (Specify Ve		
14. DECERENT'S DUCATION   14. DECERENT'S DUCATION   14. DECERENT'S DUCATION   15. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT'S DUCATION   16. DECERENT   16		1 Never Married 2 Merried	FORCES? 1 YES	2 300	If yes, spe	ecify Cuben, Mexica	in, Puerto Rican, etc.)	o or No.	Black, White, atc.
Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D.		A							
Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D.		(Specify only highest grade cor	mpleted)	(Give kind of v	rork done durina ma	N st of working	16b. KIND OF BU	ISINESS/INDUS	TRY
Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D.	7		Dollege (1-4 or 5+)				Own	Home	
Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. Ginevan  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. M. D. 2151  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D. 21502  Thomas M. Cumberland, M. D.	Š					16. MOTHER'S NA			
The interventant's Name (Pyrothrint)  198. MALINE ADDRESS (Sinter and Number or Plant Roum Number, City or Town, State, Zo Code)  109. MALINE ADDRESS (Sinter and Number or Plant Roum Number, City or Town, State, Zo Code)  109. MALINE ADDRESS (Sinter and Number or Plant Roum Number). By Code)  109. MALINE ADDRESS (Sinter and Number or Plant Roum Number). By Code)  109. MALINE ADDRESS (Sinter and Number). By Code)  109. MALINE ADDRESS (Sinter and Number). By Code)  11/8 Cumber I and, MD 21502  22. NAME AND ADDRESS OF FACILITY  SCAIPPELL Frueral Home  Cumber land, MD 21502  23. PART I. Fater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batward Roum Number and Roum Number Roum Number and			van			Carr	ie V. (Rur	ıkles)	
20. METHOD of Disposition   19. Burtlet 2   Cremetter 3   Removal from State   20. PLACE AND PATE OF DISPOSITION   Name of 1   11/8   Cumber 1 and   No. Place   11/8   Cumber 1   11/8   Cumb		19a. INFORMANT'S NAME (Type/Print)							
10   Sequential   2   Cremetion   3   Removal from State   Commetery, committery, commetery are other places   11   8   Cumberland, MD   21   SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Scarpelli Funeral Home   Cumberland, MD   21502			T						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Scarpelli Funeral Home  Cumberland, MD 21502  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onest and post an		1 S Buriel 2 Cremation 3 Remova	I from State   ceme	tery, crematory or of	her plecel				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batwer Onset and Das a constitution or eause of a ach line.  IMMEDIATE CAUSE (Final disease or conditions are suiting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  1				L. Pary				dilber 1	ara, 113
23. PART I. Cither the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause dri aach line.    Approximate interval Between Constitution or conditions of the cause of aach line.   Approximate interval Between Consesses or condition or resulting in death)   Approximate interval Between Consesses or conditions of the cause of conditions of the cause of conditions of the cause of conditions of the cause of conditions of the cause of conditions of the cause of cause		· Janes 7	X Cars	1/1	Cumb	erland.	MD 2150	2	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (O		23. PART I. Enter the diseases, or con ahock, or heart fallure. Lis	nplicationa that caused	the death. Do n	ot enter the mo	de of dying, suc	h as cardiac or reap	iratory arrest	
DUE TO (OR AS A CONTROLENCE OF):    Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTYING CAUSE (Disease or injury that initiated events resulting in death) LAST    DUE TO (OR AS A CONSEQUENCE OF):		IMMEDIATE CAUSE (Final	0. 1	. [ ]					Onset and Daath
Sequentially list conditions, if any, leading to immediate conductions of the control of the con			Carries A	CONTROLLENCE OF	und				244
PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	_		CAT.	COMMENCE OF	);				10414
PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	0		DUE TO (OR AS A	CONSEQUENCE OF	):				10 7-15
PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1	S								
PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1			OUE TO (OR AS A	CONSEQUENCE OF	):				
PERFORMED?    AMABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)   1   YES 2   NO		d							
2 Accident Investigation M 1 YES 2 NO	¥	^			n the underlying	cause given in			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2 Accident Investigation M 1 YES 2 NO	ă	Concer	m Vil	M			1 TES	2 EL NO	
2 Accident Investigation M 1 YES 2 NO	M						_		1 TES 2 NO
2 Accident Investigation M 1 YES 2 NO	AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck anly one)		
2 Accident Investigation M 1 YES 2 NO	SIC	A CO March 1 Con 1/12		tient 3 DOA	OTHER:				
2 Accident Investigation M 1 YES 2 NO	美	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIMI	OF 28c. INJ	JRY AT		INJURY OCCUR	TED
			(WORL), Day, Your)	INS					
29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated.		3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specil	— At home, ferm, s	treet, factory, office		281. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
(Check only one)  (Check only one)  (Check only one)  (Check only one)  (Check only one)		29e CERTIFIER							
	MP	(Check only 18 CERTIFYING PHYSICIAL							
TINE 27:			MO			Dias	-	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	1) 00	7 2		1 1/
George Breza, M.D. Seton Drive; Cumberland, MD 21502		George Breza,	M.D. Se		.ve; Cu	mberlar	nd, MD 2	21502	
		NOV 07 1994	32. PEGIŞTRAR'S SIGNA	TURBO Hall					
		31. DATE FILED (Month, Day, Year) NOV 0.7 1994	32. MEGIŞTRAR'S SIGNA	TURIO WORLD					



2. DATE OF DEATH MONTH DAY

November 7 1994

7. DATE OF BIRTH (Month, Day, Year 1 M 2 X MONTHS DAYS HOURS 221-50-1659 YRS. Oct 30 1924 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Chesapeake Manor Extended Care Ctr. Arnold RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Anne Arundel Annapolis FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE bunial-transit 15 Glen Avenue 21401 Page 6 may be retained by the hospital or attending physician 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 X Widowed 4 Divorced use as the COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INOUSTRY Q Elementary/Secondary (0-12) College (1-4 or 5+) the attending physician and completely filled in by the funeral director, page 5 should be detached Mental Hyglene prior to burial, cremation, or removal. Nurse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence L. Sunderland Kathleen Wilson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donna M. Turner 15 Glen Avenue Annapolis, Maryland 21401 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Ft. Lincoln Crematory 11/9/94 4 ☐ Donation 5 ☐ Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or complications that eaused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition ANNESZ RESPINATONT reaulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF): ENCEPHALDPAZITY ANOXIC traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate MONOXING PURSONING cause. Enter UNDERLYING CANBON CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY signed by the shows any 1 YES 2 NO has been s Dept. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate h HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 XNO Inpatient 2 ER/Outpatient 3 DOA the . 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending В 1 YES 2 NO After 1 Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, straet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Sulcide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide detarmined TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 CERTIFIER (Check only one)

2 MEDICAL SYAMMOR C. STAMMO THE HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D33757

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Charles A. Seager, MD 269 Peninsula Farm Road Arnold, MD 21012

Julia Davidson Randell

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

J ane

Sterling

6. AGE (In yrs. last birthday)

Verona

4. SOCIAL SECURITY NUMBER

1 -

223

2

31, DATE FILED (Month, Day, Year)

NOV 10 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

3. TIME OF DEATH

10d, INSIDE CITY 1 X YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

Australia

Anne Arundel

10a. CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black. White, etc.

Specify: White

Approximata Interval Between

TEARS

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

410-647-8600

▶November 8, 1994

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

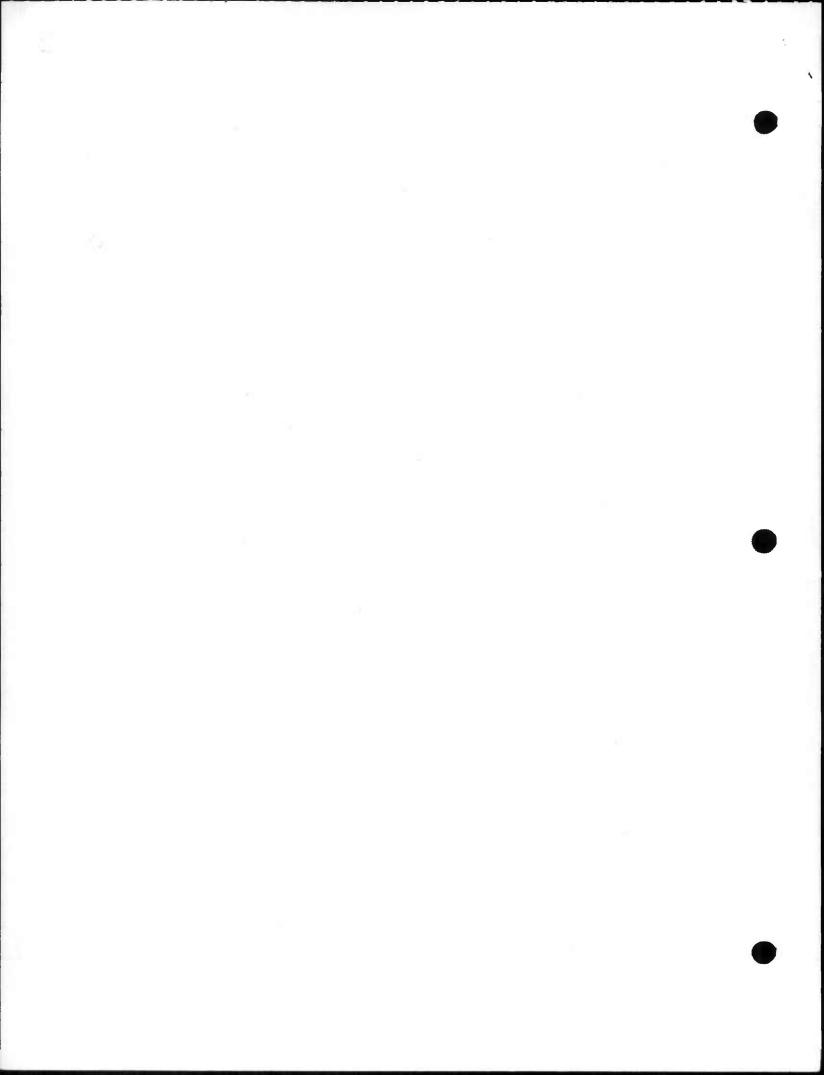
9c. COUNTY OF DEATH

Medical

Brentwood, Maryland

12:45P

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE O	F DEATH	RE	G. NO				
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF D				3. TIME OF DEAT	Н
	BERNICE OZELDA	SEBOLD					OCTOBE	$\mathbb{C}\mathbb{R}^{2}$	8. 1	994	5:32	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7 DATE OF BE	OTM	0, 1			
	220-16-6558	1 🗌 M 2 💢 F	69	YRS.	MONTHS DAY:	B HOURS MIN.	NOV . 2	16ar)	1924	Countr	VA.	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOW	N OR LOCATION OF D				JNTY OF D	FATH	
R	CUPPETT-WEEKS NU	RSING HOME	3		OAKLA				1000	ARRE'		
5	RESIDENCE OF DECEDENT									- IIIII		
DIRECTOR	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
		RRETT		0.	AKLAND						1 X YES 2 -	NO
₩.	10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
FUNERAL	1013 E. HIGH STR	EET				21550			U	SA		
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARI	MED	13. WAS 0	ECENDENT OF HISPA	NIC ORIGIN? (Sp	ocify Yes	or No-		— American India	n,
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			specify Cuban, Mexico ES 2 X NO Specia		atc.)		Speci	k, White, atc.	
		1									WHILE	
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade	completed)	18a. DE(	CEDENT'S	USUAL OCCUPA work done during se retired.)	TION most of working	18b. KIND	OF BUS	SINESS/IN	DUSTRY		
=	Elementary/Secondary (0-12)	College (1-4 or 5 +)		OMEM			OTTAT	11037	E	,		
N N	17. FATHER'S NAME (First, Middle, Last)		п	OPIERL	ALCK		OWN					
ö	FLOYD HERBERT	CANNON				PEARL						
BE	19a. INFORMANT'S NAME (Type/Print)	CANNON						ELC				
임	DIANNA SEBOLD					STREET					VID 21550	
	20a. METHOD OF DISPOSITION										ND 21550	
	1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata			DF DISPOSITION	GARDENS				City or To		
	21. SIGNATURE OF FUNE N. SERVICE LIC	TENSEE	GARRE	11 Mi		AND ADDRESS OF FA	10/31	UA	KLAN.	D, MA	ARYLAND	
	Da 1111	1. 4								BOX 2		
	mount my al	Mul	M0016	67	DUR	ST FUNERA	L HOME	<ul><li>O.</li></ul>	AKLA	ND, 1	MD 2155	0
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that c	aused the dea	ath. Do n	ot anter the n	noda of dylng, suc	h as cardiec o	r respi	ratory ar	rest,	Approxima	
	IMMEDIATE CAUSE (Finel	Liet only one ceuse	on each line.								Interval Be Onset and	
	disease or condition resulting in death)	CVA									6 mont	
		OUE TO (O	R AS A CONSEO	UENCE OF	j:							-
Z	Sequentially list conditions	CEREBRO	OVASCUL	AR I	NSUFFIE	NCY					year	s
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		R AS A CONSEO		7):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIABETE									YEAR	S
Ė	that initieted events resulting in deeth) LAST	OUE TO (OF	R AS A CONSEQ	UENCE OF	7):							
<b>H</b>		d										
	PART II. Other algnificant condition	a contributing to de	eth but not re	sulting i	n the underlyl	ng ceuse given in	Part I. 24a.	WAS AN	AUTOPSY	24h.	WERE AUTOPSY FIN	DINGS
DICAL								PERFOR	MED?		AVAILABLE PRIOR TO	0
MED							10	YES 2	(X NO		OF DEATH?	
2							_				1 YES 2 N	°
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (Ch	ant anti-anal					
3	EXAMINER? 1 YES 2 X NO	HOSPITAL:	DiOute et a		OTHER:							
Ě∥	27. MANNER OF DEATH	28a. DATE OF IN.		28b. TIME		NJURY AT	8 U Other (Spec		111177 00	011050		
9	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY	YORK?	200. DESCRIBE	NOW IN	JUNY OC	JUNED		
B	2 Accident Investigation 3 Suicide	28s. PLACE OF IP	NJURY — At hor	ne ferm e			204 I OCATION	/D4==+4 ==		0.710		
COMPLETED	4 Homicide 8 Could not be detarmined	building, atc	. (Specify)		medi, medary, on	100	281. LOCATION City or Town	, State)	na Number	or Hurai Hi	oute Number,	
9	29a. CERTIFIER 4 X71 COMMUNICATION			-								
₹ I	(Check only   X CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, dea	th occurre	d at the time, da	te and place, and dua	to the cause(a) a	ind mani	ner as atat	ed.		
8	the same of the sa	R: On the beels of exam	nnation and/or in	weatigation	n, in my opinion,	death occured at the	time, data and pi	aca, and	dua to th	e cause(a)	and manner as ata	ted.
BE	296. SIGNATURE AND TITLE OF CENTERS	1				29c. LICENSE NUM	IBER				(Month, Day, Year)	
2	20 NAME AND ADDRESS AS A SECOND					D15333			1	0/31	/94	
	30. NAME AND ADDRESS OF PERSON WHO					04	1 1 .		01-	50		
	Thomas G. Johnson			Ν.	Fourth	St. Oa	kland,	Md.	215	50		
21	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	7								
71	OCT 3 1 1994	1 . 24 2002	ichon-Ran	dall								- 1

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF OEATH	1
	Robert	SHA	FFER				Oc1		-	YEAR 994	1:05 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	, ,		IPLACE (State or Fore	elan
	085-22-0633	1 🔀 M 2 🗌 F	66	YRS.	MONTHS DAYS	HOURS MIN.	(Mor	ly 13,	1928	Countr	mnsylvan	10
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY. TOWN	OR LOCATION OF D		ry 13,	_	ITY OF D		ıa
TOR	Garrett Co. Memo		pital	Oakland					Garrett			
<b>B</b>	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY	
E	MD	Garrett				0ak]	and				LIMITS?	10
ا اِ	10e. STREET AND NUMBER	<u>ourrect</u>			T 10	1. ZIP COOE	anu		10e CITI	ZEN OF Y	WHAT COUNTRY?	-
FUNERAL DIRECTOR	503 Crosby Drive						550			USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	FORCES? 1 IF YES, GIVE V		0	If yen, sp	DENDENT OF HISPA Decity Cuban, Mexico 2 NO Special	in, Puerto	IN? (Specify Yea Rican, atc.)	or No	14. RACE Black Speci	E — American Indiar k, White, etc. ify: White	n,
	15. DECEDENT'S EDU		lar II &		USUAL OCCUPATI	ON	146	b. KIND OF BUS	I I	LICTOV	willte	
COMPLETED	(Specify only highest grade	completed)	(Gh	ne kind of	work done during made retired.)	ost of working	100	lousing			otion/	
7	Elementery/Secondary (0-12)	College (1-4 or 5 -	+)		/Operato	. 20		lardwar			CL10H/	
2	17. FATHER'S NAME (First, Middle, Last)		1 0	wiler	Operaco	18. MOTHER'S NA			_	re		
ŏ		Ch	affer				AMIE (FIRST,		,			
BE	William Henr  19a. INFORMANT'S NAME (Type/Print)	y Sn		MARINE	ADDRESS (C)	Lydia	0	Ruth		ıcke:	r	
2	Lillian R. Shaff	er				and Number or Rural Orive, Oa				,	1550	
	20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Rem	ovel from State			OF DISPOSITION (N	ame of	OA	TE 20c. LO	CATION —	City or To	wn, State	
	4 Donetton 5 Other (Specify)	over from State	cemetery, cren	rett	Co. Men	. Garden	s 1	1/2 Oa	kland	i. Ma	arvland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Stewart Funeral Home 32 S. Second St., Oakland, MD 21550  23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying such as cardiac or resolvation error.											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									Approximat		
	IMMEDIATE CAUSE (Final										Intarval Bat Onsat and	
	disease or condition resulting in death)										Weel	ke
1	DUE TO (OR AS A CONSEQUENCE OF):										Wee	K S
z	Convention lies and the second lies of the											
CERTIFICATION	Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST	d										
DICAL	PART II. Other significant condition	s contributing to	daath but not re	sulting	In tha undarlyin	g causa givan in	Part i.	24a, WAS AN PERFOR	MEO?	24b.	. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	0
											1 YES 2 NO	0
-												
Z	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (C/	eck anly o	one)				
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   1   1 Inpatient 2 □	ER/Outpatient 3	DOA	OTHER:	ne 5 🗆 Residence						
<u></u>	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. IN.	JURY AT		EŞCRIBE HOW II	NJURY OCC	URED		
	1 🔀 Natural 5 🗌 Pending	(Month, D	lay, Year)	IN.	URY WO	YES 2 NO						
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE C	F INJURY — At hor	ne, farm.			28/ 10	CATION (Street a	and Number	or Bural F	Pruta Number	
	4 Homicide B Could not be determined	building,	etc. (Specify)	-,	,			y or Town, State)	no manipor	Or Horar I	tooto Marricos,	
ų,	29e. CERTIFIER				-							
ا يَّة	(Check only 1 X CERTIFYING PHYSI											
COMPLETED	2 MEDICAL EXAMINE	R: On the baels of e	xamination and/or in	rvestigatio	on, in my opinion, o	leath occured at the	time, del	te and place, an	d due to the	a cause(a	) end menner aa ats	rted.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	1			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
BE		11/1	ams,	o D		D3981	1		•		31/94	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF DEATH (ITEM	27) (Type	Print)	D 3 7 0 1	•			10/	1177	_
	Dr. Jerry Adams,					land M-	1 -	nd 21	550			
	31. DATE FILED (Month, Day, Year)	22. REGISTRA	N. FOUT	LLN	or, vak	rand, Ma	гута	ma 41	220			
	DET 3 1 1004	11.	A P	-								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN				ERITE	CALL		DEA	m		REG. NO.			
	1. DECEDENT'S NAME (First, CLARA LOUIS		TTTED							2. DATE OF		Y 1.	YEAR	3. TIME OF OEATH
- 9	4. SOCIAL SECURITY NUMB												2:00 A m	
	218-16-2727		5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	DAYS	HOURS	4404	7. DATE OF (Month, I	Pay. Year)	10	Countr	PLACE (State or Foreign Y) YLAND
	9e. FACILITY NAME (If not in:	stitution, give st	reet and number)			96. CITY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF O							
DIRECTOR	407 SENECA					M7	r. L	AKE 1	PARK			GARI	RETT	
E C	10e, STATE	10b. COUNTY	,		10c CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY
	MARYLAND	ALLEC	SANY			JMBEI						LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 125 MASSACH	USETTS	AVENUE		10f. ZIP CODE 21502					10g. CITIZEN OF WHAT COUNTRY? USA				
S	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (Specify Yee or No.— 14. F			14. RACE	- American Indian,
BY F											en, etc.)		Speci	k, White, etc.
TED	15. DECI (Specify only	ECEOENT'S	work done	during mo	ON st of working	ng	16b. K	IND OF BUS	SINESS/IN					
COMPLETED	Elementary/Secondary (0-	+)	IETAI			R		Н	SPIT	AT.		- 1		
O	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOT	HER'S NAI	ME (First, Mid			-	
BE C	GEORGE H.	GEORGE H. BECKMAN  D. INFORMANT'S NAME (Type/Print)						SUS	ΙE	Ε.	GILP	IN		
0										loute Number,				
-	NORMA LILLE 200. METHOD OF DISPOSITI				07 SI				MT. I	LAKE I	_			
	1 X Burlel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo (Specify)		20b. PLACE COMMON CO SUNSE						10/3	1		City or To	wn, State , MARYLAND
	22. NAME AND ADDRESS OF FACILITY P.O. BOX 243 DURST FUNERAL HOME - OAKLAND, MD 21550													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cerdiac or respiratory arrest.													
	ehock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  e													
OUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLYII CAUSE (Disease or Injur that initiated events	ng d	DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	resulting in deeth) LAST		i											
	PART II. Other significan	nt condition	contributing to	death but not	resulting	In the ur	nderlyin	g cause (	given in i	Part i. 2	ta. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										_ 1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  1 Inpatient 2 ER/Outpatient 3 DOA  28. PLACE OF DE.  4 Nursing Home 5 X Ree  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. INJURY AT INJURY WORK?							FATH (Cho	ock only one)						
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHE!	R:			6 Other (S	Paciful.			
Ή	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT	I	28d. DESCE		JURY OC	CURED	
ВУР	1 K Natural 5   1 2   Accident	INJ	M		RK? /ES 2	NO			T INJURY OCCURED					
	3 Suicide 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, streat, fectory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								loute Number,					
٦	29e. CERTIFIER (Check only 1 X) CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	nd at the t	ime, date	and place	and due	to the cause	(e) and man	nor on ele	ad	
Solution (Street and Number of Hursi House Number of Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi Hursi H							) end manner se stated.							
296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, D.														
6				non				D398	311			▶ 10	0/28,	/94
	JERRY ADAMS			SE OF DEATH (ITE 311 N. F				OAKL	AND.	MD. 2	21550			
	31. DATE FILED (Month, Day, )			R'S SIGNATURE	-			7	- ,					
	OCT 2	8 1994	Julia D	avideor Ra	roball									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transing be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Ray 1/89

4	FOR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First, Middle, Last)	E				2. DATE OF DEATH		3. TIME OF DEATH
	ISABEL FRANC	CIS SI	TEINACKE	R		NOV 1:	2 199	6:40 PM
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign
	218-22-2982			MONTHS DAYS	HOURS MIN.	(Month, Day, Year) May 18,		Country) Maryland
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN C	OR LOCATION OF DE			Y OF DEATH
DIRECTOR	2812 CONOWING	D RD.		BEL .	AIR		HAF	RFORD
<u>ال</u> ا	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY
<u> </u>	Maryland Harf	ord		el Air				LIMITS?
	10e. STREET AND NUMBER	.O.L.Q.			. ZIP CODE			1 TES 2 NO
FUNERAL	2812 Conowingo Rd.			101	21015		10g. CITIZE	USA
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Y	es or No — 14	I. RACE — American Indian,
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexice 2 NO Specify	n, Puerto Ricen, etc.)		Specify: White
LED	15. DECEDENT'S EDUCATI (Specify only highest grade com		18e. DECEDENT'S U	ISUAL OCCUPATIO	ON at al working	16b. KIND OF B	USINESS/INDUS	
	Elementery/Secondery (0-12) C	college (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	St or working			
N N	5		Home	maker		Own	Home	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Sumame)	
BE (	William Thomas T	aylor			Maude	Rou	se	
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or To	wn, Stete, Zip Ci	ocle)
-	Margaret V. Schuhl	У	1331 P	rospect	Mill Rd	, Bel Ai	r, Md.	21015
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal	from State	b. PLACE AND DATE OF	DISPOSITION (Na	rme of	OATE 20c. L	OCATION — CIT	y or Town, State
	4 Donation 5 Other (Specify)	D	arlington	Cemete	ry 11-1.	5-94 Da	rlingto	on, Md.
	21. SIGNATURE OF SUMERAL SERVICE LICENS	D 11/	/	22. NAME AN	ID ADDRESS OF FA	CILITY		Home, P.A.
	* Stephen 1	1/ Auce	her					Md. 21009
	23. PART I. Enter the diseesea, or com	plicetions that cause	d the death. Do no	t enter the mo	de of dying, euc	n ea cerdiec or res	piratory erres	it, Approximate
	ehock, or heart fellure. List IMMEDIATE CAUSE (Finel	only one cause on	each line.					Interval Between Onset and Death
		SMOKE INHO	4 MOTTAL	DUNG	MALL IN	TIRY		Onaet and Death
	resulting in death) a		A CONSEQUENCE OF	רוטידן	AND IIA	JWV		
2	C b.							
CERTIFICATION	Sequentially list conditione, If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF)					
5	cause. Enter UNDERLYING CAUSE (Disease or Injury							
#	that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF)					
55	d							
	PART II. Other eignificent conditione co	ontributing to deeth	but not resulting in	the underlying	g ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	ARTERIOSCUELOT					PERF	PRMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 111 1						1X YES	2   NO	OF OEATH?
M	DID TOBACCO USE CONTRIB	LITE TO CAUSE O	DE DEATH YES	I NO I	LINCEPTAIN			1 X YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL	OTE TO CAUGE (	28. PLACE OF DEATH		OTTO	· L. ]		
PHYSICIAN:		OSPITAL: Inpetient 2 ER/Out		OTHER:	e 5 Reeldence	8 Kother (Specify)	CENE	
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW		
	1 Natural 5 Pending	(Month, Day, Year)	455		RK?	CLOTHING	CARAIX	TEIRE
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, str	4		281. LOCATION (Stree	and Number or	Bural Boute Number
	4 Homicide 8 Could not be	building, etc. (Spe	CKYARP OF	- 11 -		City or Town, Stat	OWINGO	
<u> </u>	29e. CERTIFIER	. 7- 4						1170 1111
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0							ceuse(e) end menner ee stated.
	290. SIGNATURE AND TITLE OF CENTIFIER	M ()						
ᆱ	12/11/12/90	V D	al		O.C.M			OV 13, 1994
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALIFF OF D	FATH (ITEM 27) (Tops 4	Print)	0.0011		1	
	MAND E COUL				et, Bal	timore,	Maryl	and 21201
	- 1000	To the						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE					

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	=	6
:	à	2
	3 ATTENDING PHYSICIAN. The law requires that the death certificate be executed with nours after death. Page 6 may be retained by this	RECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de us after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
	9	NO.
ĺ	nay b	. pag
)	9	cto
	Page	l dire
	ath.	unera
	D O	al e
	afte	JA TO
	23	in a
_	ŏ	800
	8	III U
	with	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the ins after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
,	8	al,
	xecut	bun
	63	an of
)	e b	Sici
	fical	He al
	certi	ding tygie
	eath	atten rital 1
,	96	울
	at th	and a
)	S	事
	uire	Sig
	90	o een
	J.	as b
	The last	te h
,	ż	Sta
	ICIA	the
,	£	ils c
	0	E F
,	SINC	Afte
	ENI	JR:
	ATT	S at
	~	분일

				. •			91,	34677
	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH MONTH DA	v ,	3. TIME OF DEATH
	Peggy Hereford					Vovember		994 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	HOURS MIN	DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
	212-38-4450  9a. FACILITY NAME (If not institution, give str	1 □ M 2)(C)(F) 77	YRS.			ine 22,19		Kentucky
DIRECTOR	315 Roberts Way	set and number)		Aberd	er location of death		Harf	ord
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Ha	rford	A	berdeen				LIMITS?
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	315 Roberts Way				21001		U.	S.A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. FORCES? 1 TYES 23 IF YES, GIVE WAR OR DATES	ARMED	If yes, spe	ENDENT OF HISPANIC ( octify Cuban, Maxican, Po 2 1 NO Specify:		or No— 1	4. RACE — American Indian, Black, Whita, atc. Specify: White
	15. OECEDENT'S EOUC. (Specify only highest grade of	ATION 16a.	DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INOU	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during mor retired.)	st or working			
2 2	12	2	School	Secret				ty School
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		Surname)	
4	George Hereford  190. INFORMANT'S NAME (Type/Print)		401 14411 1110		nd Number or Rural Route	Stevens		
2	George E. Stout		2410	Old Rob	in Hood Ro	Havne	n, State, Zip C	21078
	20a. METHOD OF DISPOSITION	20b. PLA		DISPOSITION (Na				ty or Town, Stata
	1 Burial 2 Cremation 3 Removed Donetion 5 Other (Specify)	val from State   cemetery.	crematory or oth	er plecel	1	11/16 Wes		•
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE . Mina	/	22. NAME AN	ng-Cargo Feen, Maryl	TY		
-	23. PART I. Enter the diseases, or concendence, or heert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications thet ceueed the lat only one cause on each I	Ina.	ot enter the mo	de of dying, such es	s cerdiec or raepli	ratory arres	Approximate Interval Between Onset and Dasth
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.							of mon	
MEDICAL CE	PART II. Other significant conditions		ot resulting in	the underlying	g cause given in Per Distant	t 1. 24e. WAS AN' PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  MA
PHYSICIAN: 1	DID TOBACCO USE CO	ONTRIBUTE TO CAL	JSE OF	DEATH Y	NO [			
2		HOSPITAL:		26, PL OTHER:	ACE OF OEATH (Check of	only one)		
2	1, YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient	3 DOA	4 Nursing Hom	e 5 Residence 6		u ti time c a a c	
- 1	1 Return 5 Pending	(Month Den )	28b. TIME INJU	RY WO	URY AT 28- RK? (ES 2 NO	d. OESCRIBE HOW II	NJURY OCCU	HEO
IEU BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY At building, etc. (Specify)	honle, farm, s	rept, factory, office		t. LOCATION (Street a City or Town, State)	and Number of	Rural Route Number,
PLE	29a. CERTIFIER Check only	IAN: To the best of my knowledge,	death occurred	I at the time, data	and place, and dua to t	he cause(a) and man	mer as stated	ı.
OMP	onel	On the beals of examination and						
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	1	^		29c. LICENÇE NUMBES	a I	29d. DATE :	SIGNED (Morrin, Day, Year)
. II		1	10)		119	583	<b>&gt;</b>	1/14/800
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH O	TEM 27) /Sons A	Privati	- 1		_	1111

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.								
	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH						
	BARBARA STEINER SHEPHERD 11 12							6:45 Am						
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH								
				MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month Dev Year)	Cou							
	218-28-9399 ¹□M	2 X F	61 YRS.	20.00	23.22	12-22-3	2 Ma	ryland						
	9s. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWH OR LOCATION OF DEATH  9c. COUNTY OF DEATH													
E	9 Ridge Rd			Savar	na Park		Anno	Arundel						
K	9 Ridge Rd.			OCVEI	na rarr	·	Anne	Arunder						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY													
	MD Anne A	rundel		Severna	Park			LIMITS?						
	10e. STREET AND NUMBER			100	770 0000		All residents							
FUNERAL	Indiana Dianasana		101. ZIP CODE					WHAT COUNTRY?						
<u> </u>	9 Ridge Rd.				21146		U.S	. A .						
5		DECEDENT EVER IN U	S. ARMED			IC ORIGIN? (Specify Year	or No 14, RA	CE — American Indian,						
	IE AE	CES? 1 YES				n, Puerto Rican, etc.)		ock, White, atc.						
a   3   Wildowed 4   Divorced								White						
	15. DECEDENT'S EDUCATION	1	6a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY							
E	(Specify only highest grade completed, Elementary/Secondary (0-12) College		(Give kind of v	vork done during mo e retired.)	st of working									
7	College College	(1-4 or 5+)					-							
Σ		4	ношет	naker		Hom	-							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)							
BE	Godfrey Frank	Steiner			Mare	uerite	Die	rker						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	loute Number, City or Town	n, State, Zip Code)							
2	Samuel G. Shep	herd, JR	9 R	idge Rd	. Sever	na Park,	MD 21	146						
				OF DISPOSITION (NE			CATION — City or							
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramoval from		ery, cramatory or of	ther place)				0.000						
1	4 Donation 5 Other (Specify)	I Me	tro Ci	remator		11/14 Ca	tonsvi	11e, MD						
- 1	21. SIGNATURE OF PURENAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FAC	49	5 Ritc	hie Hwy.						
	1 1 1/2 (2/3.			Barra	nco Fun	eral Hom	e Seve	rna ParkMD						
	your of far	neare												
	23. PARTA. Enter the diseases, or complicate shock, or heart failure. List only	tiona that caused to one cause on aac	ne death. Do r h line.	ot enter tha mo	de of dying, auci	as cardiac or reapi	ratory arreat,	Approximate Interval Between						
- 1	IMMEDIATE CAUSE (Final	1. (		1	,			Ogtset and Dagth						
	disease or condition \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\													
	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE OF	J. 1000	1.1	MW. O COO.	~	P M0-						
_	DUE TO (OTI AD A CONSECUENCE OF).													
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
F	if sny, lesding to immediate csuse. Enter UNDERLYING	502 10 (011 A5 A 0	ONSEGUENCE OF	,.										
2	CAUSE (Disease or injury C.	0115 00 100 10 10												
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	F):										
EH	d													
	DADT II Other significant conditions contain	and a direct true	Tel Int											
MEDICAL	PART ii. Other aignificant conditions contrib	outing to death out	not resulting i	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO						
8						1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?						
<u>u</u>								1 YES 2 NO						
	DID TOBACCO USE CONTRIBUTE	TO CALISE OF	DEATH VE	S D NO E	LINICEDTAIN			1 123 2 110						
A	25. WAS CASE REFERRED TO MEDICAL				UNCERIAIN	1 L								
Ö	EXAMINER? & /		PLACE OF DEAT	H (Check only one) OTHER:	17									
S		itlant 2 - ER/Outpati	ent 3 🗆 DOA		e 5 Rasidence	6 Other (Specify)		1						
PHYSICIAN:	27. MANNER OF DEATH 288.	. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DEŞCRIBE HOW IF	NJURY OCCURED							
	Natural 5 Pending	(Month, Day, 1001)	"."		rES 2 NO			ľ						
BY	2 Cutate 28a	PLACE OF INJURY -	At home, farm, s	treet, factory, offic		28f. LOCATION (Street a	and Number or Bure	I Boute Number						
	4 Homicide datarmined	building, atc. (Specify)	y, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
ᇤ							_							
29a. CERTIFIED  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and the course of the course of the cause of the course of the							ner as stated.							
8	MEDICAL EXAMINER: Dri the	basis of examination a	nd/or investigatio	n, in my opinion, d	eath occured at the	time, data and placa, and	d due to the cause	(a) and manner as stated.						
- 11	296 BIGNATURE AND TYPES OF CONTIFIES				29c. LICENSE NUM									
띪	VOVOLVOVO	0			7		296. DATE SIGNE	D (Month, Day, Year)						
2	19 THAGI				DIES	64	- 11-1	1-14						
	30. NAME AND ADDRESS OF PERSON WHO COMPE		<b>Н (ITEM 27)</b> (Туре,	Print)		1								
	Peter N Graze M.D. 900 Bestgato Pd Annapolis, MD 21401													
	Peter N Graze M	.D. 900	Beet	ato Da	Allia	olis, MD								
	Peter N Graze M	D. 900	Best	gate Rd	Allia	olis, MD	21401							
	Peter N Graze M 31. DATE FILED (Month NO Vin 15 1993)	D. 900 REGISTRADIS SIGNATION	Best West Rand	gate Rd	Anna	JOIIS, MD	21401							

CIVISION OF VILAE RECORDS, F.O. BOX 68/60	BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing any minimal and participants are mainted by the homelial or attending physicians.	offer death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the bown director, page 5 should be detected for use as the burial-transful be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	y) the funeral director, page 5 should be detached for use as the burish-transit move;
IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

	1 - FOR STATE OF MARY	LAND / DEPARTMENT OF HE CERTIFICATE OF D						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH				
	Margaret Almeda	C + 0 ** 0 ** +	MONTH	DAY YEAR				
		Stewart  E (In yrs. last birthday)   IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTH	94 4:45 A M  6. BIRTHPLACE (State or Foreign				
	214-07-1827 1 DM 2 🗓 F 8 6	YRS. MONTHS DAYS I	HOURS MIN. (Month, Dey, Year)	Country)				
	9e. FACILITY NAME (If not institution, give street and number)	<u> </u>	LOCATION OF DEATH	11 MD 9c. COUNTY OF DEATH				
E E	Chaganasha Manan Nunsiy	.5		av reger in the second				
DIRECTOR	Chesapeake Manor Nursin	g Ctr.   Arno	) I d	Anne Arundel				
H	10e. STATE 10b. COUNTY Baltimor	e 10c. CITY, TOWN OR LOCATIO	N	10d. INSIDE CITY LIMITS?				
	MD	Baltimor		1 TYES 2 X NO				
MA MA	10e. STREET AND NUMBER	101, 2	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	910 Dulaney Valley Ct.		21204	USA				
E	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YE		NDENT OF HISPANIC ORIGIN? (Specify Yellfy Cuben, Mexican, Puerlo Rican, atc.)	s or No.— 14. RACE — American Indien, Black, White, etc.				
À	3 🖾 Widowed 4 🗆 Divorced		NO Specify:	Specify:				
	15. DECEDENT'S EDUCATION	160. DECEDENT'S USUAL OCCUPATION	16h KIND OF BI	White White				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most life. Do NOT use retired.)	of working	Jane Carlotta				
4	Consider (1-4 of 5.1)	Homemaker	Нол	m 6				
0	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Maider					
Ш	Alphonse	Bender	Ethel	Mulligan				
m	19e. INFORMANT'S NAME (Type/Print)		Number or Rural Route Number, City or Tov					
2	Thomas Bender	P.O. Box 22	21 Severna Park	. MD 21146				
	200. METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF DISPOSITION (Name		OCATION — City or Town, State				
		Metro Crematory or other place)	11/12 Ca	atonsville, MD				
	21. SIGNATURE OF FURNIAD SERVICE LICENSEE	22. NAME AND	ADDRESS OF FACILITY	0.5				
	+ CALCA Breeze	Parrar	Acc Funenci Her	495 Ritchie Hwy. ne Severna ParkMD				
	23. PART Enter the diseases, or complications that ceus	ed the death. Do not anter the mode	of dying, such es cardiac or reac	piratory arrest,   Approximate				
	ahock, or haart fallura. List only ona cause on	aach line.		Interval Between Onset and Death				
	disease or condition	1		Oliset and Daatii				
	resulting in death) a. Due to (or As	S A CONSEQUENCE OF):		<del> </del>				
z	- Onen	mana	1					
임	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury CAUSE (DISEA) (DISEASE (DISEA							
S	CAUSE (Disease or Injury	Cho Uso Euch	/fleeden					
벌	that initiated evants DUE TO (OR AS resulting in death) LAST	S A CONSEQUENCE OF):						
CERTIFICATION	d							
AL C	PART II. Other algnificant conditions contributing to death	but not resulting in the undariying	causa givan in Part i. 24a. WAS AN					
2	Steursene Lo	A Root	PERFO	COMPLETION OF CAUSE				
MEDIC		11		DF DEATH?				
-	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES INO IL	UNCERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)						
Sic	EXAMINER?  1 YES 2 NO 1 Inpution 2 ER/O	utpetient 3 DOA 4 Hersing Home	5 Residence 6 Other (Specify)					
<del>É</del>	27. MANNER OF DEATH 26e. DATE OF INJUR (Month, Day, Year		TY AT 26d. DESCRIBE HOW	INJURY OCCURED				
ВУ	1 Netural 5 Pending 2 Accident Investigation		S 2 NO					
ED B	3 Suicide 6 Could not be 26e. PLACE OF INJU	RY — At home, farm, street, factory, office	281. LOCATION (Street City or Town, State	end Number or Rural Route Number,				
	4 Homicide determined		ony or lown, orallo	,				
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kne	owledge, dasth occurred at the time, date er	nd pleca, and due to the cause(e) and ma	nner ee stated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the basic of exeminat							
	296. SIGNATURE AND TITLE OF CENTIFIER	7 - 1	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)				
BE	Mymoen Hotom	dup Vocter	D21684	► 11-11-S4				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)						
	CV. CTRIAC.M.D. 1600 CA		GLENBURNIS	, MD 2 106/-				
	31. DATE FILED (Month, Dey, Year)  32. REGISTRAR'9-SIGNOV 15 1994  Jako	anature a develop Randall						
	1104 10 1334	Commentate a contract						

. .

BALTIMORE, MARYLAND 21215-0020	a hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit n, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) NOV 15

2. REGISTRAR'S SIGNATURE

							24	U 1	1000	,
	1 - STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND I	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NA AE	AR 3. TH	ME OF DEATH	1
	JOAN E.	SPAULDING				NOVEMBER™	9,1994	9	:40	Рм
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1  M 2 F F F F F F F F F F F F F F F F F				(Month, Day, Year) Co		BIRTHPLACE Country)	(State or Fore	aign	
	9e. FACILITY NAME (If not institution, give street and number)  9b. CIT				OR LOCATION OF DE	EATH	9c. COUNTY			
СТОЯ	THE JOHNS HOPK		E	BALTI	MORE CITY		BALT	IMORI	3	
DIRECTOR		10b. COUNTY  ANNE ARUNDEL  10c. CITY, TOWN OR LOCATION  SEVERNA PARK					10d. INSIDE CITY LIMITS? 1 □ YES 2 Å			
	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN			
E	464 LYMINGTON	ROAD			21146	1146 USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 KDivorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES	MED	Il yee, s	CENDENT OF HISPAN specify Cuben, Mexica S 2 X NO Specify			Specify:	nericen Indien e, elc.	
	15. DECEDENT'S EQUO	CATION 40- OF	OFFICE HOLL						ASIAN	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUA ive kind of work d Do NOT use retir	one during n ed.)	nost of working	16b. KIND OF BUS		RY		
MP.	!@ 12+		HOME	MAKE			OME			
	17. FATHER'S NAME (First, Middle, Last)	MODDIC				ME (First, Middle, Maiden				
BE	ROBERT MEYRICK  190. INFORMANT'S NAME (Type/Print)					TTY AST				
5	MR. & MRS. PET	and the second s				D SEVERN			21	146
	20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Remo	20b, PLACE A	ND DATE OF DIS	POSITION (	vame of	DATE 20c. LO	CATION — City	or Town, Si	pte	
	4 Donetion 5 Other (Specify)	METI	ROCRE	MATO	RY 11-1	1-1994 B	ALTIMO	ORE,	MD	
	21. SIGNATURE OF FUNERAL SERVICE/LIC	Darron	200	BARR	AND ADDRESS OF FACE	CILITY SONS FUNI	ERAL E E\$RA I	HOME		146
	23. PART I. Enter the diseases, or o	amplicatione that caused the de	eth. Do not er	nter the m	ode of dying, eucl	h ea cerdiec or respi	ratory arreat,		Approximat	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE COUSE (Final disease or condition resulting in death)  a. IVER failure  3 wk									
- 1	que To (QR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions,  Due to (or as a consequence of):									
¥	cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Diseese or injury thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST									
5		J								
- 1	PART II. Other significent condition	e contributing to deeth but not re	esulting in the	underlyi	ng ceuse given in				AUTOPSY FIN	
PHYSICIAN: MEDICAL	coagulopathy, sepsis, renal failure Performent Completion of cause of Deathy									
N. M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							0		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E OF DEATH (Ch		)					
Š	HOSPITAL: 1   YES 2   NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify)									
У РН	27. MANNER OF DEATH Natural 5 Pending	5 Pending (Month, Day, Year) INJURY WORK?					28d. DESCRIBE HOW INJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined  26e. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
ᄪ	200 CERTIFIED									
COMPLET	(Check only CERTIFYING PHYSIC	CIAN: To the best of my knowledge, dea R: On the basis of examination end/or in						use(e) end n	nenner ee ata	ited.
Ŭ	296. DIGNATURE AND TITLE OF CENTIFIED (Month, Day, Year)									
TO BE	20 NAME AND ADDRESS OF DEPOSON WHAT	I Carpt	10		Mo		▶	9/9	4	

DHMH-16 Rav 1/89

DS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iMPORTANT: It item 28 is marked, or Item 23 shows any it

	1 - STATE REGISTRAR			HEALTH AND F DEATH	MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE C	F DEATH		3. TIME OF QEATH			
	William Craig Shipley,	Jr.			MONTH 11	DA 1		8:15 A M			
		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8.	BIRTHPLACE (State or Foreign			
	578-38-3161 1XM2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN,		2 3 1	1918	Wash., D.C.			
	9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	N OR LOCATION OF D		20,1	9c. COUNTY				
HC H	Lions Manor Nursing Home	2	Cum	berland			Λ11	egany			
DIRECTOR	RESIDENCE OF DECEDENT							egany			
H	10a. STATE 10b. COUNTY		Y, TOWN OR LO					10d. INSIDE CITY			
	Maryland Allegany		Cumber					1 YES 2 NO			
FUNERAL	10e.STREET AND NUMBER 205 Baltimore Avenue			21502			_	S . A .			
NE		IN II C ADMED	T 40 1111 0 0								
	1 V Neuer Married 2 Married FORCES? 1 X YES	2 NO	If yee,	ECENOENT OF HISPA specify Cuben, Mexico	NIC ORIGIN? In, Puerto Ri	(Specify Yes can, etc.)	or No— 14.	. RACE — American Indian, Black, White, atc.			
В	3 Widowed 4 Divorced 1941-1946	DATES D	1 U Y	ES 2 NO Specif	fy:			Specify: White			
0	15. DECEDENT'S EDUCATION	18a. DECEDENT'S	USUAL OCCUPA	TION	16b.	CIND OF BUS	INESS/INDUS	TRY			
Fi	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT u	work done during se retired.)	most of working							
AP.	12	0rder	·ly			Hospi	ital				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA							
BE (	William Craig Shipley, S	Sr.		Esthe	r Li	lliar	า (ป	nknown)			
2	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Numbe	r, City or Town	, State, Zip Co	ide)			
	Nellie Thompson	Rt.5,	Box	202 – Ma	rtin	sburg	, WV	25401			
	20e. METHOD OF DISPOSITION 1 □ Burlal 2 X Cremetion 3 □ Removal from State	b. PLACE AND DATE	OF DISPOSITION	Name of	OATE		CATION — City	or Town, State			
		umberla	<u>nd Cre</u>	matory	11/13/	74 C	umber	land, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		GEON	Q e - Un Ch	urch	Fune	ral H	lome P.A.			
	Hendy (1) Teachure	1	202	Greene	St.,(	Cumbe	rland	lome, P.A.			
	23. PART I. Enter the disease, or complications that cause	ed the deeth. Do	not enter the r	node of dying, suc	h ss cerdi	nc or raspli	ratory errest	t, Approximate			
	shock, or heart fallura. List only one cause on IMMEDIATE CAUSE (Final							intarval Between Onset and Death			
	disease or condition Multiple myeloma 2 years										
		A CONSEQUENCE O	F):				<u>_</u>	years			
z	Sequentially list conditions,										
E	If any, laeding to immediata	A CONSEQUENCE O	F):								
2	CAUSE (Disease or Injury										
Ë	that initieted events  resulting in death) LAST	A CONSEQUENCE O	F):								
CERTIFICATION	d										
CAL (	PART II. Other significent conditione contributing to death	but not reculting	in tha underly	Ing ceuse given in	Pert I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI							M	DF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH	YES I NO	R						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (Ch	10.0						
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out	tpatient 3 DOA	OTHER: 4X Nursing H	oma 5 🗆 Residence	8 Other	(Specify)					
£	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. I	NJURY AT YORK?		_	JURY OCCUR	RED			
BY	1 X Natural 5 Pending 2 Accident Investigation	""	4.5	YES 2 NO							
	3 Suicide 8 Could not be 28a. PLACE OF INJUR	Y — At home, farm,	street, tectory, of	fice	28t. LOCAT	TON (Street a	nd Number or i	Rural Route Number,			
	4 Homicide datarmined	,			City or	10W11, 3(818)					
COMPLETE	29e. CERTIFIER (Check only Certifying Physician: To the best of my know	wledge, death occurr	ed at the time, de	ite end place, and due	to the cause	e(e) end men	ner se stated				
M	one) 2 MEDICAL EXAMINER: On the basis of examination							euse(e) end menner ee stated.			
	296. SIGNATURE AND TITUE OF CERTIFIER			29c. LICENSE NUI				IGNED (Month, Day, Year)			
8	Train home			D0915				-11-94			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	, Print)	1 20713			11-	11-74			
1	Paul Snow, M.D., Lions Manor			Cumber	land.	MD	21502				
	31. DATE FILED (NORTH Day, Year) 32., REGISTRAR'S SIG			,	,						
	TO VIET TO THE PROPERTY OF THE PARTY OF THE										

87
68
×
BOX
$\mathbf{\omega}$
0
۵,
S
2
Œ
0
O
RECOR
$\alpha$
_
D
$\vdash$
=
-
F
O
Z
$\overline{\circ}$
=
S
5
=

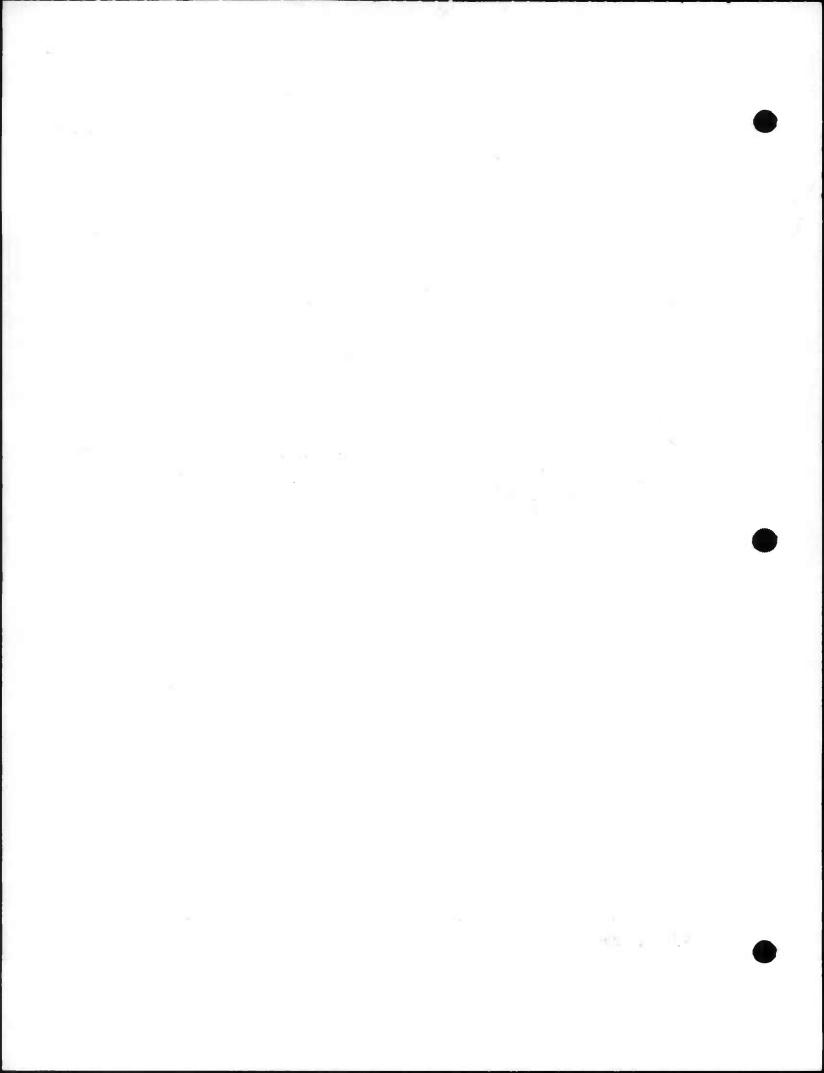
	the hospital or a	detached for us		once.	
	be retained by	ge 5 should be		e notified at	
	h. Page 6 may	eral director, pag		niner must b	
	fours after deat	ed in by the fun	or removal.	medical exar	
,	cuted within	d completely fille	urial, cremation,	ic event, the	
	ertificate be exec	ng physician and	giene prior to be	other traumat	
	nat the death ce	by the attendir	and Mental Hy	ny injury, or	
	law requires th	as been signed	Dept. of Health	23 shows ar	
	PHYSICIAN: The	this certificate I	with the State	rked, or Item	
	OR ATTENDING	IRECTOR: After	ours after death	em 28 Is ma	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	L	1			

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		0.	COLL	CAIL OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					<del></del>	2. DATE OF	DEATN		3. TIME OF DEATH
EDITH IRENE			SIMON	IS		Novemb	er 12.	1994	3:40 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	a pipt	MRI ACE (State or Familia
212-24-1335  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	93	YRS.	MONTHS DAYS	HOURS MIN.		7 20 1		W.VA.
Memorial Hospita				Cumbe	or location of D	EATN		llegan	
RESIDENCE OF DECEDENT									у
MARYLAND ALI	ry LEGANY			10c. CITY, TOWN OR LOCATION  CUMBERLAND					
10e. STREET AND NUMBER	_			of, ZIP CODE		1 40	- CITIZEN OF	1 X YES 2 NO	
220 SOMERVILLE A	518			21502			U.S.A.	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	EVER IN U.S. AF  YES 2	RMED NO	If yea, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Speci	an, Pua⊓o Rica	pecify Yea or N n, atc.)	Blec	E — American Indian, ik, White, atc.	
15. DECEDENT'S EDU		16a. DE	ECEDENT'S	JSUAL OCCUPAT	ION	16b, KIN	ID OF BUSINES	SS/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-t2)	College (1-4 or 5+)	(G life	Bive kind of w b. Do NOT use	ork done during m retired.)	ost of working				
Coulde (1-4 of 2+)			USE K	EEPER		HO	USE KE	EPER	
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA			ame)	
JOHN CUBBAGE  190. INFORMANT'S NAME (Type/Print)		1 40	h MAHAIO	ADDRESS (O	GERTRUD				<del></del>
VIRGINIA SACHS R	FD#3 BOX#				and Number or Rural CUMBERL			215 (	)2
200 METNOD OF DISPOSITION		_		F DISPOSITION (A		DATE	_	ON — City or To	own, Stata
1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stete	ZION cre	CEMET	ERY NO	V 14 199	4	1		MARYLAND
21. SKINATURE OF FUNERAL SERVICE L	CENTREE L	2		22. NAME A MERRI	ND ADDRESS OF FA	FUNER	AL HOM	<u> </u>	
23. PART i. Enter the diseases, pr	Jerrill			404 D	ECATUR S	TREET	CUMBER	LAND MA	ARYLAND
ahock, pr heart fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in deeth)									Interval Betwee
	DUE TO (	OR AS A CONSE	OUENCE OF	HE:	ART FA	ILLIRE	E,Ac	UTE.	
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CU T	OUENCE OF	RESCI	ART FA	FAIL	URE.	U TE	
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	OUENCE OF	RESCI)	ratory	GAY L	URE.		WERE ALTYROOV EMPRING
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (	OR AS A CONSE	OUENCE OF	RCSCI) HCA	RATORY	CAIL DISC	URE.	OPSY 24t	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	OUENCE OF	RESP', J	RATORY  RET	Part I. 244	URE.  WAS AN AUTO PERFORMED	OPSY 24t	COMPLETION OF CAUSE
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (	OR AS A CONSEINANT OF AS A CONSEINANT OF DEA	OUENCE OF	n the underlylr	g cause given in	Part I. 244	WAS AN AUTO PERFORMED YES 2	OPSY 24t	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL	DUE TO (	OR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  JSE OF DEA  26. PLAC  ER/Outpetlent 3	OUENCE OF	The underlying the control of the co	g cause given in	Part i. 244	WAS AN AUTO PERFORMED YES 2 MARCHY)	OPSY 24t	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending	DUE TO (	OR AS A CONSECUTION OF AS A CONSECUTION OF DEA	OUENCE OF	The underlying the un	g cause given in	Part i. 244	WAS AN AUTO PERFORMED YES 2	OPSY 24t	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH	DUE TO (  C. DUE TO (  d. RIBUTE TO CAL  HOSPITAL:  1 Inpatient 2    26a. DATE OF I (Month, Da)  26a. PLACE OF	OR AS A CONSECUTION OF AS A CONSECUTION OF DEA	OUENCE OF	The underlying one of the Number of Sec. In Warman Hore with the number of the number	UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL  UNCERTAL	Part i. 244  N	. WAS AN AUTO PERFORMED YES 2 M	OPSY 24t	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only)  1 DERTIFYINO PHYS	DUE TO (  C. DUE TO (  d. RIBUTE TO CAL  HOSPITAL: 1 Inpetiant 2    26a. DATE OF (  Month, Da)  26a. PLACE OF building, a	DR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  JSE OF DEA  26. PLAC  ER/Outpetlent 3  NJURY  NJURY — At horic. (Specify)  my knowledge, de	OUENCE OF PRODUCE OF P	The underlying the un	UNCERTAL  DORK?  YES 2 NO  a and place, and due	Part i. 244  N	a. WAS AN AUTT PERFORMED YES 2 M POOLITY  NO (Street and N Wn, State)	DPSY 24b	AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only)  1 DERTIFYINO PHYS	DUE TO (  c. DUE TO (  d. RIBUTE TO CAL  HOSPITAL: 1 If Impatient 2   26a. DATE OF 1  (Month, Da)  26a. PLACE OF building, a	DR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  JSE OF DEA  26. PLAC  ER/Outpetlent 3  NJURY  NJURY — At horic. (Specify)  my knowledge, de	OUENCE OF PRODUCE OF P	The underlying the un	Ig cause given in  UNCERTAL  UNCERTAL  DIRY AT  ORK?  YES 2 NO  a and place, and due death occured at the	Part i. 244  N	a. WAS AN AUTT PERFORMED YES 2  WOOTH NO (Street and N Wm, State)  and menner of place, and due	DPSY 24b PY OCCURED  fumber or Rural is a stated.  as at the cause(if DATE SIGNEE	AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Metural 5 Pending Investigation  3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (  C. DUE TO (  d. RIBUTE TO CAL  HOSPITAL: 1 Impatiant 2   26a. DATE OF Individual publishing, as inclaimed to accompany to the basel of axis.	DR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  OR AS A CONSEI  DE AS A CONSEI  OR AS A CONSEI	OUENCE OF COUNTY OF COUN	The underlying the un	Ig cause given in  UNCERTAL  DIE 5   Residence  JURY AT  ORK?  YES 2   NO  ca  a and place, and due death occured at the	Part i. 244  N	a. WAS AN AUTT PERFORMED YES 2  WOOTH NO (Street and N Wm, State)  and menner of place, and due	DPSY 24b	ARILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Metural 5 Pending Investigation  3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	DUE TO (  C. DUE TO (  d	JSE OF DEA  26. PLAC  26. PLAC  27. PLAC  28. PLAC  28. PLAC  28. PLAC  28. PLAC  28. PLAC  28. PLAC  28. PLAC  29. PLAC  29. PLAC  20.	OUENCE OF Tesulting in The YES OF DOA 28b. TIME 1NJU DOME, farm, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The underlying the un	Ig cause given in  UNCERTAL  De 5   Residence  JURY AT  ORK?  2   NO  2e  and place, and due desth occured at the  29c. LICENSE NU  D 37970	Part i. 244  N	a. WAS AN AUTT PERFORMED YES 2  WOOLIN  N (Street and N WN, State)  and during the state of the	DPSY 24b  RY OCCURED  Tumber or Rural as stated.  as to the cause(if	ARILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death, Page 6 may be retained by the lospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT O	F HEALTH	AND	MEN'	TAL HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			3. TIME O	F DEATH
	CARL		SHE	RMAN				Non	vember 1	" 3. 10	YEAR QQ4	9:40	Δ Μ
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7.04	7. DATE OF BIRTH & BIRTHRI ACE /State or				
	217-10-4317	1∭ M 2 ☐ F	82	YRS.	MONTHS DA	YS HOURS	MIN.	11 2	-21-19	- 1	Country	y)	rgini
	9a. FACILITY NAME (If not institution, give s	street and number)	UL		9b. CITY, TO	WN OR LOCAT	ION OF DI		21 17	9c. COUN	-		191111
뜻	Memorial Hospital	L & Medica	1 Cente	er	Cun	berla	nd			А	11eg	anv	
15	RESIDENCE OF DECEDENT										1108	dily	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION						10d. INSID	E CITY
	Maryland Alle	gany		Cu	umberl	and							2 📉 NO
Ĭ Ž	100. STREET AND NUMBER  101. ZIP CODE  101. ZIP CODE  102. CITIZEN OF WHAT  103. ZIP CODE  104. ZIP CODE  105. CITIZEN OF WHAT  105. CITIZEN OF WHAT  106. CITIZEN OF WHAT  107. ZIP CODE  109. CITIZEN OF WHAT  108. ZIP CODE  1109. CITIZEN OF WHAT  1109. STREET AND NUMBER  1010. ZIP CODE  1109. CITIZEN OF WHAT  1109. CITI										HAT COUN	TRY?	
当											A		
١	11. MARITAL STATUS	10. WAS DECEMBENT OF HISPARIC ORIGINAL (Specify 100 of 114. MACE — All										- America	nn Indien,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		•		YES 24 NO			no Hican, etc.)		Specil	i, White, eld /y:	
	21											Wh	ite
日日	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	ive kind of v	USUAL OCCUP	ATION most of worki	ing		16b. KIND OF BUS	INESS/INDI	USTRY		
1 5	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us			_		Calar		a	_	
COMPLETED	12		Y	arn	& Spi			$\perp$	Celane		cor	<u>, , , , , , , , , , , , , , , , , , , </u>	
	17. FATHER'S NAME (First, Middle, Last)					18. MOT			st, Middle, Maiden	Sumame)			
B	Arden Sherma	n						_	nknown				
2	19a. INFORMANT'S NAME (Type/Print)								lumber, City or Town			- 3	0.4.5.0.0
	Carolyn Graha	me	7				Lar	Ct	. Cumbe	erla	nd,	Md.	21502
	20s. METHOD OF DISPOSITION  1) Burlal 2 Cremailon 3 Rem 4 Donation 5 Other (Specify)	ioval from State	cemetery, cre Suns	matory or of	ther plece)	ark	11	150	94 Cumb	perla	and	wn, State . Mar	vland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					SS OF FA	CILITY					
	> Errest a	D.O. 1							,Inc.		Balt	timo	re Av
		the state of the s							. 21502				
	23. PART I. Enter the disease, or ahock, or heart failure.	List only one couse	oyf each line	eath. Do n	ot entar tha	mode of dy	ing, euc	ch es c	ardlec or respin	ratory erre	est,		roximeta rval Batween
	IMMEDIATE CAUSE (Final	Mana	anne	lean	2000 7	Harre	51	/					et and Death
	disease or condition resulting in dasth)	· Valva	11/1/10	rrisi	my 0	reneg	PY.					-	
		Y THE TO CO	ANA CONSE	QUENCE OF	7: 1	dia	5	Tr &					
N N	Sequentielly list conditions,	- //W	70 17	Weller	21 0	2011	avi	up	>				
Ĕ	If any, laeding to immediate cause. Enter UNDERLYING	V DUE TO TO	AS A CONSE	DENCE OF	f).								
	CAUSE (Disesse or Injury	c Dille To you	AS A CONSE	7								-	
Ē	that initiated events resulting in death) LAST	our in the	A CONSE	JUENCE OF	·):								
CERTIFICATION		d										<u> </u>	
AL	PART II. Other significant condition	s contributing to de	ath but not r	eaulting i	n the underl	ying cause	given in	Part I.			24b.	WERE AUTO	PSY FINDINGS
									PERFOR			COMPLETIC	PRIOR TO ON DF CAUSE
									1 1 123 2	PNO		OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBLITE TO CALIS	SE OF DEA	TH YE	S D NO	THE LINE	CDTAI					1 TYES	2   NO
₹	25. WAS CASE REFERRED TO MEDICAL	THE TO CAU			H (Check only		LKIMI						
3	1 YES 2 NO	HOSPITAL:			OTHER:								
1 2	27. MANNER OF DEATH	28a. OATE OF IN.		28b. TIM	4 Nursing	INJURY AT	esidenca	_	ther (Specify) DESCRIBE HOW IN	I II IIIV OOG	Haco		
	1 Natural 5 Pending	(Month, Day,			URY	WORK?	¬ wo	200.1	DESCHIBE NOW IN	JURY OCC	UHED		
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF II	VIURY — At ho	me ferm e			NO	004.1	OCATION (Over )				
ED	8 Could not be determined	building, etc	. (Specify)	rive, imilit, a	ineet, factory, t	лисе		281. [	OCATION (Street as Sity or Town, State)	na Number (	or Hural H	oute Numbe	ζ.
COMPLETED	29e. CERTIFIER			_									
M M	(Check only CERTIFYING PHYSI	CIAN: To the best of my											
8	1	R: On the basis of exam	unation and/or	investigatio	n, in my opinio	n, death occu	red at the	time, d	late and placa, and	due to the	cause(s)	and manne	er as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIES	11/100	_				ENSE NUN	MBER		29d. DATE	SIGNED	Mound Da	Junes)
5	Mulle		1			D16	041			<ul><li>//</li></ul>	-11	1-41	7
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (	OF DEATH (ITE	4 27) (Type	Print)					-			

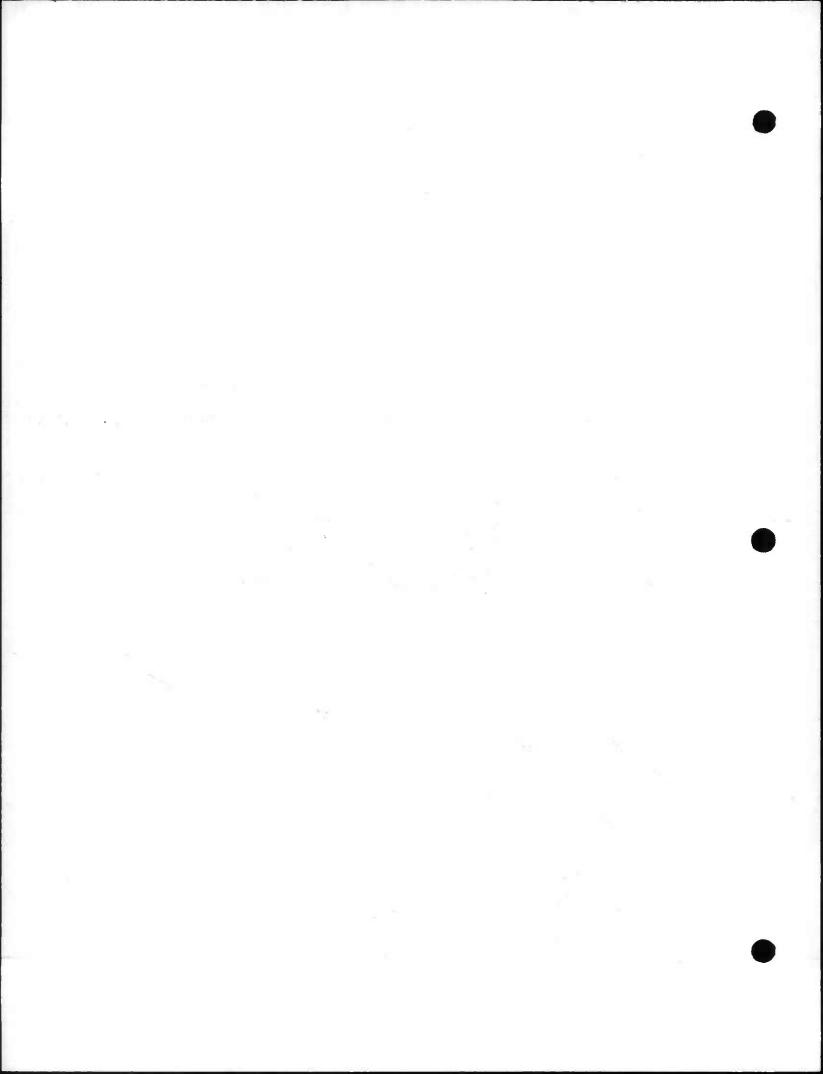
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
iams Memorial Hospital Medical Building

1647 Lin Street 32 REASTRANT SIGNATURE

T. Williams

Cumberland, MD.

DHMH-18 Rev 1/89



1	ı	-	STATE REGISTRA
ľ	-	-	COCOCNITIO N

2, 3 should

大学などです

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIATE UF N	/ MARYLAND CI	DEPAR ERTIF					MENTA	AL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle,	Last)			SWE	ITZ	ER			2. DAT	e of DEATH	9	4 YEAR	3. TIME OF OEATH 0949 HR&
4. SOCIAL SECURITY NUMBER 216 30 1879		SEX	6. AGE (In yrs. las	st birthday) .	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATI	E OF BIRTH 10th, Day. Year) 7, 193	2	Countr	
9e. FACILITY NAME (If not institution,			61	THS.	Dh. CITY	/ TOWAL O	R LOCATIO	ON OF D		/, 193			MD
Memorial Hospi					96. CITY		IMBE				A21 -153	NTY OF D	SANY
RESIDENCE OF DECEDEN	T				CONDENENT							has bee too V	ALMA I
10a. STATE 10b. CC					CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
MD A.I.	lega	uiy		Cun	berl		242 2142						TYES 2 NO
515 Piedmont A	Tron:	10				1	ZIP CODI 1502	E			USA		WHAT COUNTRY?
11. MARITAL STATUS			T EVER IN U.S. AF	RMED	13.			F HISPAI	NIC ORIG	IN? (Specify Yee			- American Indien,
1 Never Merried 2 Merried		FORCES? 1	YES 2 1	NO		If yes, spe		n, Mexica	n, Puerto	Rican, etc.)	0. 110	Speci	C, White, etc.
3 Widowed 4 Divorced		Korea											hite
15. DECEDENT'S (Specify only highest	grade con	npleted)	(G	CEDENT'S live kind of a Do NOT us	work done			g	18	b. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12)	1	College (1-4 or 5	r)	tire		ato '	Troo	ne ~		MD Sta	to I	Olic	<b>5</b> 0
17. FATHER'S NAME (First, Middle, Las	st)		110	CLLC	u 50	acc			ME (First	Middle, Maiden		OIIC	
John H. Swe:	itze:	r, Sr.								Kreits	,	)	
19e. INFORMANT'S NAME (Type/Print)			19	b. MAILING	ADDRESS	S (Street a				mber, City or Town			
Shirley L. Sweitzer 515 Piedmont Avenue; Cumberland, MD 21502													
20g. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION // DATE 20c. LOCATION — City or Town, State													
4 Donation 5 Other (Specify) Hillcrest Burial Park 11/15 Cumperland, MD													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Scarpelli Funeral Home													
Cames.	+	XICa	row	h_						21502			
23. PART I Enter the diseasee ehock, or heert fell	, Dr com	plications the tonly one ceu	t caysed the de see on each line										Approximete intervei Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e			1	m		( )	int	is	rull	ita	5)	Onset and Death
		OUE TO	(OR AS A CONSE	OUENCE O	F):								
Sequentielly list conditions,	b	DUE TO	(OR AS A CONSE	DUENCE OF	F):								
If any, leeding to immediate ceuse. Enter UNDERLYING			,		,								į į
CAUSE (Diseese or injury thet initiated events	C	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
resulting in deeth) LAST	d												
PART II. Other significant cond	ditione c	ontributing to	deeth but not r	resulting i	in the un	deriving	cauee c	iven In	Pert i.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
							ALL DESC.			PERFORI	WED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
										1 TYES 2	S-HO		OF DEATH?
DID TOBACCO USE CO	NTRIB	UTE TO CA	USE OF DEA	TH YE	S 🗆 I	NO 🛮	UNC	ERTAII	N $\square$				
25. WAS CASE REFERRED TO MEDIC EXAMINER?		OSPITAL:	26. PLAC	E OF DEAT									
1 [] YES 2 [] #10"			CR/Outpetient 3	□ DOA	OTHER		5 🗆 Re	sidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1  Astural 5  Pending		28e. DATE OF (Month, D		26b. TIM INJ	E OF URY	26c. INJU WO	RK?		28d. DE	SCRIBE HOW IN	JURY OC	CURED	
2 Accident Investige	tion	28a DI ACE O	E IN HIPV As ho	me form	M		ES 2 [	NO					
3 Suicide 8 Could no 4 Homicide determine		building,	F INJURY — At ho atc. (Specify)	me, term, t	street, fact	югу, опісе	1			CATION (Street as y or Town, State)	nd Number	r or Rumal F	loute Number,
290. CERTIFIER	Physician	N: To the best of	my knowledge, de										
													) end menner se stated.
29b. SIGNATURE AND TITLE OF CEN		11	-/	-/		1	29c. LICE						(Month, Day, Year)
	/	1.16		3		- 1		676			<b>&gt;</b>	11/	0/5,
30. NAME AND ADDRESS OF PERSO		OMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	01111							7 7
DR V POONA	11		FREDER	RICK	ST.	CUM	B MI	) 2	150:	ć ————			
NUV 1 5 1994 7	iva d	audior A	ardal										

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rav 1/89

FOR

	1 - STATE REGISTRAR	CE		CATE OF		REG. NO.			
		IRENE -	SE	A mA	4	2. DATE OF DEATH MONTH DA	- 9 I	SAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  213-20-5064  5. SEX  1 □ M 2	7.2	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC 18, 19	(	BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	9e. FACILITY NAME (If not institution, give street and nur LAUREL REGIONAL HOSPIT			96. CITY, TOWN LAU	OR LOCATION OF DE REL	ATH	9c. COUNTY PRINCE	of death E GEORGE S	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY	
	MARYLAND GARRET	Γ		OAKLAND				1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 201 E. MASON STREET	APT. #18		10	-	g. CITIZEN OF WHAT COUNTRY? USA			
Β¥	1 Never Married 2 Married FORCI	DECEDENT EVER IN U.S. ARN ES? 1 YES 2 X N S, GIVE WAR OR DATES		13. WAS DE If yes, s 1 — YE		RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)			USUAL OCCUPATION or done during me retired.)  ASSIST	ГРУ				
	17. FATHER'S NAME (First, Middle, Last)	EHEAVER	BING	ADDIDI	,	ME (First, Middle, Maiden		-	
BE	190. INFORMANT'S NAME (Type/Print)		MAILING	ADDRESS (Street		Route Number, City or Town	CROBIE		
임	SUSAN McNICHOL	87	03 L	INDENDA	LE DR. I	AUREL, MD	20707		
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Camputor, or crimer place)  CAR GROVE CEMETERY  DATE  20c. LOCATION — City or 1  11/16 MCHENRY, MA									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	et M00167			ND ADDRESS OF FA	P. HOME - OF	O. BOX		
	23. PART i. Enter the disesses, or complication shock, or heart failure. List only of	ons that caused the dea	th. Do n	ot enter the m	ode of dying, sucl	h ss cardiec or reepi	ratory srrest,	, Approximate Intervei Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	me fast	a bi	c Lu	my C	ance		Onset and Death	
_	disease or condition resulting in death)  8.   DUE TO (OR AS A CONSEQUENCE OF):  Pres m m q								
ATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING			1					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF	):					
	PART II. Other algnificant conditions contribu	Jting to death but not re	aulting i	n the underlylr	g ceuse given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
IEDICAL	Arome					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N. M	DID TOBACCO USE CONT	RIBUTE TO CAU	SE O	F DEATH	YES   N	0 🗆		1   123 12   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	IAL:		OTHER:	LACE OF DEATH (Che				
HYS	27. MANNER OF OEATH 28e.	DATE OF INJURY	28b. TIME	E OF 28c, IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCUR	ED	
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	 1MJ(		YES 2 NO				
	3 Suicida 8 Could not be 4 Homicide datarmined	PLACE OF INJURY — At hon building, atc. (Specify)	ne, farm, s	treet, factory, offi	ca .	281. LOCATION (Street @ City or Town, State)	nd Number or R	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the b							suse(s) end manner as stated.	
B	29b. SIGNATURE AND TITOE OF CERTIFIER	8			29c. LICENSE NUM	8 998	29d. DATE SIG	GNED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLET	FED CAUSE OF DEATH (ITEM	1 27) (Type,	Print 9 1 0	me the	mo 2	とき	281	
,	31. DATE FILED (Month, Day, Year) 32. RI	EGISTRAR'S SIGNATURE					0 / 0	, 0	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-travell be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 motive after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Sterling,

NOV15 1994

Μ. D.

22 REGISTRARY SIGNATURE

t.CIII3	# 10.a10.b 10.c 10.d 10.  FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND						
	1. DECEOENT'S NAME (First, Middle, Lest) YOLANDA	FILAMINA	SIDE	RIO	DEATH	2. DATE OF DEATH MONTH NOV. 11,	MY	3. TIME OF DEATN 4 5:09 P.			
×	182-03-4634	1 M 2 X F	yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 16,		a. BIRTHPLACE (State or Foreign Country) Pennsylvania			
TOR	9a. FACILITY NAME (If not institution, give street and number)  MCCready Memorial Hospital  RESIDENCE OF DECEDENT  9b. CITY, TOWN OR LOCATION OF DEATH  Crisfield, MD  Somerset										
DIRECTOR	New Jersey 106 COUNTY GIOUC So	hester County merset	10c. CIT	y town on Leca arion St	ation De	eptford Towns	hip	10d. INSIDE CITY LIMITS? 1 X YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 542 Hemlock Terrace 20791 J. Q. Powell	Road		10	f. ZIP CODE 08	096 <b>338</b>		EN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPA heelfy Cuban, Maxie is 2 NO Speci	NIC ORIGIN? (Specify Yean, Puarto Rican, etc.)	e or No-	14. RACE — American Indian, Black, White, atc. Specity: White			
COMPLETED		TION mpleted)  College (1-4 or 5+)	6a. DECEDENT'S (Give kind of vi	USUAL OCCUPATE work done during me ie retired.)	ON ost of working	166, KIND OF BU					
BE COMF	H. S. Graduate -  17. FATHER'S NAME (First, Middle, Last)  John Siciliano			Home  AME (First, Middle, Maiden  Mangano							
10 8	190. INFORMANT'S NAME (Type/Print) Karen D. Megronigl	e (Daughter)	196. MAILING 28791	AOORESS (Street of	and Number or Rural	Route Number, City or Tow	Stati	ion, MD 21838			
	20s. METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	st from State cemete	ery, crematory or of	S Cemete 22. NAME AI	ry - 11	/16/94 B	ellmav	NY, N. J.			
	Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817  23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Acute Myocardial Infarction  Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817  Approximeta interval Between Onset and Death Instant										
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	ŋ:	OII			Instant			
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.  Congestive Heart Failure  Hypoglycemia  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 XNO  1 YES 2 XNO										
YSICIAN	1 X YES 2 NO	OSPITAL:	ont 3 📉 DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)					
BY	27. MANNER OF DEATH  1 N Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. DATE OF INJURY (Month, Day, Yeer)  26a. PLACE OF INJURY — building, etc. (Specify)	28b. TIME INJI At home, farm, a	M 1 1	RK? /ES 2 NO	26d. DESCRIBE HOW II  261. LOCATION (Street a City or Town, State)					
BE COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the beat of my knowledg	ge, death occurre	d at the time, date n, in my opinion, d	end place, end due eath occured at the 29c. LICENSE NUM D 10214	to the cause(s) and man time, data and placa, an	d due to the d	cause(s) and manner as stated.  BIONEO (Month, Day, Year)  V. 12, 1994			

320 W. Main St. - Crisfield, MD

MINES 1984 September South

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest) Edith	STALEY			2. DATE OF DEATH	, 199L	3. TIME OF DEATH 5:30 A. M			
	220÷18=0880 1□ M 2 ∰ F 8		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Des Year)	905	. BIRTHPLACE (State or Foreign Country) Maryland			
OR	9a. FACILITY NAME (If not institution, give street and number)  Homewood Retirement Center	.9	9b. CITY, TOWN OR LOCATION OF DEATH  Frederick  9c. COUNTY OF DEATH  Frederic							
ទួ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	Inc CITY Y	OWN OR LO	CATION						
- DIRECTOR	Maryland Frederick	100. 011,		derick			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERÂL	31 West Patrick Street			1/272	701		U.S.A.			
B	11. MARITAL STATUS  1 Naver Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DV	2 NO	If yes,	Specify Cuban, Maxica ES 2 NO Specify		or No 14	4. RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during etired.)	most of working	16b. KIND OF BUS					
MPL	11	Busines	s Man	ager	Nu	rsing	Home			
ве со	17. FATNER'S NAME (First, Middle, Last) Millard F. Lease, Sr.				ME (First, Middle, Maiden Fannie Gra					
10	19a. INFORMANT'S NAME (Type/Print) Ruth Gatrell				Prederic		yland 21701			
	1 Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	PLACE AND DATE OF I			DATE 200. LO		ly or Town, Stata nsburg, Marylan			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00021	22. NAME		and Basfor					
	23. PART i. Enter the diseases, or complications that caused shock, or haart failura. List only one cause on a iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  DUE TO (OR AS A	the desth. Do not ach line.	enter the	mode of dying, suc	h as cardiec or respi	tratory arres	rederick, Md. Approximete interval Between Onset and Daath			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART ii. Other significant conditions contributing to death b	ut not resulting in t	the underly	ing cause given in	Part i. 24a. WAS AN	AllToney	245 WERE AUTOROX PINIONICS			
EDICAL				ing cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
. ME	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF I	DEATH	YES PT NO			1 TYES 2 NO			
YA	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (Ch	eck only one)					
Sign	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA 4	THER: Nursing t	ome 5 - Residence	6 Other (Specify)					
BY PHYSICIAN	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28b. TIME C	Υ	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCU	MED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atre	et, factory, o	ffica	281. LOCATION (Street a City or Town, State)		Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowl one)  2 MEDICAL EXAMINER: On the basis of examination									
TO BE C	20b. SIGNATURE AND TITLE OF CERTIFIER  WHEN THE PROPERTY OF CERTIFIER	ugles		DO S	MBER 211	29d. DATE S	SIGNED (Month, Day, Year)			
F	Dr. Robert S. Hughes, M.D.,			Ave., Fr	ederick, M	arylar	nd 21701			
	NOV 0 9 1994 State Character S	ATURE List-Rardally								

The state of the s That I get a find a second a s 70% 1.3 GEORGE EN 179 1.3 CT 1993 

The street of th

	9	Seta	Ë	ı
İ	b to	ag .	#	
	Pe	얼	20	
	rtain	sho	=	ı
	9	e Or	2	ı
ĺ	ay b	pag	8	ı
	E	tor,	155	ı
	96	lirec	E	ı
	S.	E.	ile e	l
ļ	eath	une	E	
	p Ja	the 1	6	L
	aft	A	2	Г
	OULS	E E	med	ı
	+	Filled		ı
	in 2	ely	=	l
î	With	plet	-	ı
	ted	COTT	. 6	l
	noey	Pug	atic	
	9	an	5	L
	ite t	ysici	1	Г
	tifica	dd o	the	ŀ
	Ce	di di	0	ı
	ath	tal b	0.	ı
	e d	Mer	1	
	at th	25	=	
6-1	the	Ped th	38	
	nire	Sign	¥ 3	3
	reg	ee u	sho	P
	A.P	as b	3	
	The	e h	E	
	S	fical	=	
	200	certi		
	HYS	his	D O	
	G P	ter t	nar	
	NG.	A	99	
	E	TOR TO	28	
	RA	REC	E	l
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Deer of Health and Mental Molates Robert of high remaining or removal.	in PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc	
	PITA	ERA	=	1
	100	FUN	AN	1
	Ψ	出	E	1
	I O	(L)	를	
	F	F 2	=	

										91	ļ j	14680	
	FOR 1 - STATE REGISTRAR	STATE OF			TMENT				MENTAL HYGIEI REG. NO	_			
	1. DECEDENT'S NAME (First, Middle,				IOAIL	. 01	DLA		2. DATE OF DEATN			3. TIME OF DEATH	_
	CORA	Solomo	N							3 1	994	12:40 1	100
	4. SOCIAL SECURITY NUMBER 219-64-0259	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreigny)	n
	9e. FACILITY NAME (If not institution,	1 🗆 M 2 🛣 F	93	YRS.				М	arch 1,1			ryland	
œ	Randolph Hi	na Hom	6	· '		ton	ON OF DE	ATN		NTY OF D	omery		
DIRECTOR	RESIDENCE OF DECEDEN		119 110111		,,,,	nea	COII		-	I M	Jireg	Ollery	
RE		ounty Montgomer	- 77		the:		ION					10d. INSIDE CITY LIMITS?	
	-	Monregomen	· <u>y</u>	De-	tne							1 - YES 2 X NO	
RAI	100. STREET AND NUMBER 6430 Brook	s Lane				101	ZIP CODE	814		10g. CIT	neri	VHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS					$\perp$							
	1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AR	NO NO	l h	yes, spe	ecify Cube	n, Mexicer	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No-	Blaci	- American Indian, t, White, etc.	
BY	2 Widowed 4 □ Divorced	IF YES, GIVE	MAR OR DATES		1	☐ YES	2 📉 NO	Specify			Spec	w: White	
COMPLETED	15. DECEDENT'S (Specify only highest	S EDUCATION grade completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON at of working	0	16b. KIND OF BU	SINESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done of		of Or WORKIN	¥	Ozzna k				
MP	7th Homemaker Own home.												
	17. FATNER'S NAME (First, Middle, Lest)  William Eldridge Watkins  Emma Rose Buxton												
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street e			RUSE I				
2	Lorraine Ha	ben		832	Cro	the:	rs I	ane	, Rockvi	lle,	Md	. 20852	2
	20s, METHOD OF DISPOSITION	Removal from State	20b. PLACE					-		CATION —			
	4 Donation 5 Other Specify		Mont	göme					11/17 Da	masc	cus,	Marylan	nd
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1.		22. !	AME AN	ID ADDRES	MO I	esworth	D 7	\ F	uneral	
	Volunt L. Williams Olin L. Molesworth, P.A., Funeral Ho 26401 Ridge Rd., Damascus, Maryland												
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between												
	shock, e-neart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel												eer
	disease or condition resulting in death) . Cardio vas cular Disease 1											ļ	
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
M	if any, leading to immediate cause. Enter UNDERLYING											į	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								_
	resulting in death) LAST	d											
	PART II. Other significent cond	ditiona contributing to	death but not r	esuiting	in the un	derlying	cause g	iven in i	Part I. 24s, WAS AF	AUTOPSY	24b	WERE AUTOPSY FINDII	VGS
S	3	roche	S_ L	a 64	- 4	4			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	
						-			1 □ YES	Z DO NO		OF DEATH?	
ä									_				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDIC EXAMINER?						ACE OF O	EATN (Che	ick only one)				
YSI	VES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpetient 3	□ DOA	4 Hurs		5 □ Re	sidence (	6 Other (Specify)				
H	27. MANNER OF DEATN  1 Netural 5 Pending	26e. DATE OF	INJURY Day, Year)	28b. TIM INJ	E OF URY	28c. INJI WO	JRY AT		28d. DESCRIBE NOW	INJURY OC	CURED 9	etting out	
B≼	2 Accident Investigs	5	J. O.	1 🗆 Y	-	NO		11	- 01	- CHKIR			
	3 Suicide 6 Could no 4 Homicide determin	ed A building	ofc. (Specify)	-	mreet, tecto	ry, office			261. LOCATION (Street City or Town, State	RAND	OLPH	Hous N. F	+
	290. CERTIFIER A CEPTIEVING BUYERIAN TO THE AND A STATE OF THE STATE O												
COMPLETED		AMINER: On the beele of										) end menner as state.	d.
	29b. SIGNATURE AND TITLE OF CER				, ,			NSE NUM		_		(Month, Day, Year)	
B	Sol-	Sink	*		1	l l	-		cuc	A A	L SIGNED	(Month, Day, Year)	1

2

PLETEO CAUSE OF OEATN (ITEM 27) (Type, Print)

29d. DATE SIGNEO (Month, Day,

wode 8218 WISE

NOV 16 1994 32. MEGISTRAR'S SIGNATURED SILVA D'AUCUSA Randalf e

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. To THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 7, 1 be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).					
	1. DECEDENT'S NAME (First, Middle, Last)	Swomley, S				2. DATE OF DEATH MONTH NOVEMber	MY 2 1	O.X€AR	3. TIME OF DEATH			
			yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	13,1		3:40 PM M			
	220-16-2830	X м 2 □ F 7	O YRS.	MONTHS DAYS	HOURS MIN.	November 1,	1924	Mar	yland			
TOR	9e. FACILITY NAME (If not institution, give street Meridian Nursing C			эь. сіту, тоwn Frede	or Location of C Prick	DEATH		eder:				
DIRECTOR	100. STATE 10b. COUNTY Maryland Frede	rick		y, town on Loca ederick	TION				10d. INSIDE CITY LIMITS?  1XX YES 2 NO			
FUNERAL	100. STREET AND NUMBER 244 East Sevent	h Street	· · · · · · · · · · · · · · · · · · ·	10	21701		S.A.	WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OAT	2XXNO	If yea, s		NIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	s or No —	14. RACE Black Specifi	- American Indian, c, White, atc.  White			
COMPLETED	15. DECEOENT'S EDUCATI (Specify only highest grade con Elementery/Secondary (0-12)	ION npleted) College (1-4 or 5+)	(Give kind of life. Do NOT us	usual occupat work done during m se retired.) ing Depa	ost of working	Newspa			ction			
BE CON	17. FATHER'S NAME (First, Middle, Last) Guy William Swom	ıley			18. MOTHER'S N	AME (First, Middle, Maider CE	Surname)	Phe]	lps			
TO B	Mrs. Janet L. Baug	her				Poute Number, City or Too Dickersor			nd 20842			
	20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. I	PLACE AND DATE ( tery, creptatory or o	of disposition (A	nne of 7, November	oate 20c. Lor 16, 1994 Fr	eder:	City or Ton	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	9 1	M00255	Keene	nd address of Fa	asford P.A.	Fune	eral	Home			
	23. PART i. Enter the diseases, or comshock, or heert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	pilication that caused tonly one ceuse on ee	tatio	Lun	ode of dying, such	ch as cardlec or reap	iratory ari	rest,	Approximate Interval Batween Onset end Daath			
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d											
DICAL	PART II Other eignificent conditions of		not resulting			Part I. 24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: ME	DID TOBACCO USE CONTRIB			S NO [		N□			1 TYES 2 NO			
SICI	EXAMINER?	OSPITAL:		QTHER:		8 Other (Specify)						
	27. MANNER OF DEATH  1 M Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	NJURY OC	CURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	NJURY — Al home, ferm, street, factory, office			281. LOCATION (Street City or Town, State	and Number	or Rural Re	oute Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION OF COMPANY	N: To the best of my knowled On the bests of examination	dga, daath occurre	ed at the time, date	and piece, and du	e to the cause(s) and ma s time, data end place, e	nner as atat	ed. ne cause(a)	end manner as stated.			
BE C	29b. SIGNATURE INO TITLE CERTIFIER				29c. LICENSE NU				(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	Print)	4-21	144	P 11	114	144			
	Dr. James S. Griss	som M.D. 147	75 Taney		, Freder	ick, Maryl	and 2	1702				
	31. DATE FILEO (Month, Day, Venr)	32. REGISTRAD'S SIGNAT	W Rowlett	st.								

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF DEATH	REG. NO	. —				
1. DECEDENT'S NAME (First, Middle, Last)  EDWARD NORRIS	UNDERWOOD				2. DATE OF DEATH NOVEMber	3, 1994 <sup>AR</sup>	3. TIME OF DEATH 7:15 A			
4. SOCIAL SECURITY NUMBER 217 – 28 – 7922		66 YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-22-192	Cour	HPLACE (State or Foreign arry) Maryland			
80. FACILITY NAME (If not institution, give str Apartment 5 Wash		tments		WN OR LOCATION OF E		9c. COUNTY OF CHARL	DEATH			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland Charl	es		y, town on L							
100. STREET AND NUMBER PO Box 710				101. ZIP CODE 20616		10g. CITIZEN OF	1 ☐ YES *\ NO WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If ye			n or No — 14. RAG Blo	CE - American Indian, ck, White, atc.			
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of t	work done duri	PATION ng most of working	16b. KIND OF BU	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	erk		Count	rv Pla	CO			
17. FATHER'S NAME (First, Middle, Last)			0211	16. MOTHER'S N	AME (First, Middle, Maiden		CC			
Thomas Claude  18a. INFORMANT'S NAME (Type/Print)	Underwood		ADDRESS (S		rude Marc		ryan			
Mary F. Hall  20s. METHOD OF DISPOSITION 1 METHOD 2 Cremetton 3 Remo	val from State	P.O	OF DISPOSITIO	N/Name of 1 1	ans Road.	CATION - City or	Town State			
4 Donation 5 Other (Specify)		St. Mary	rner piaca)	tholic C	nurch Pis	cataway	, Maryla			
21, SIGNATURE OF FUNERAL SERVICE LICE	. //	0668		lliams F	uneral Ho	ome, P.A	dian Head			
ehock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Th	S A CONSEQUENCE OF	likat	cart	o vanyor	digace	Interval Betwee			
Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificant conditions	contributing to deeth	but not resulting	in the unde	rlying ceuse given i	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO			
					1 TES 2	sXXN0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only one)					
1 X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	Home 5 Residence	8 Other (Specify)					
27. MANNER OF DEATH  X1X Natural 8 Pending 2 Accident Investigation	26s. DATE OF INJUR (Month, Day, Yes		IURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED				
3 Suicide 6 Could not be determined	28s. PLACE OF INJU building, atc. (S	IRY — Al home, farm, a pecify)	atreet, factory,	offics	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my kn						(s) and manner as stated.			
296. SIDNATURE AND TITLE OF CERTIFIER	Deputy Me Charles (	edical Exa County	aminer	29c. LICENSE NO D27348		29d. DATE SIGNE	(Month, Day, Year)			
Howard Haft MD #4	Industria	l Drive Wa		, MD 20604	Deputy M Charles	ledical E	xaminer Maryland			
31. DATE FILED (Month, Day, Year) NOV 1 0 1994	32. REGISTRAR'S SI	GNATURE CLOOK ROYLES								

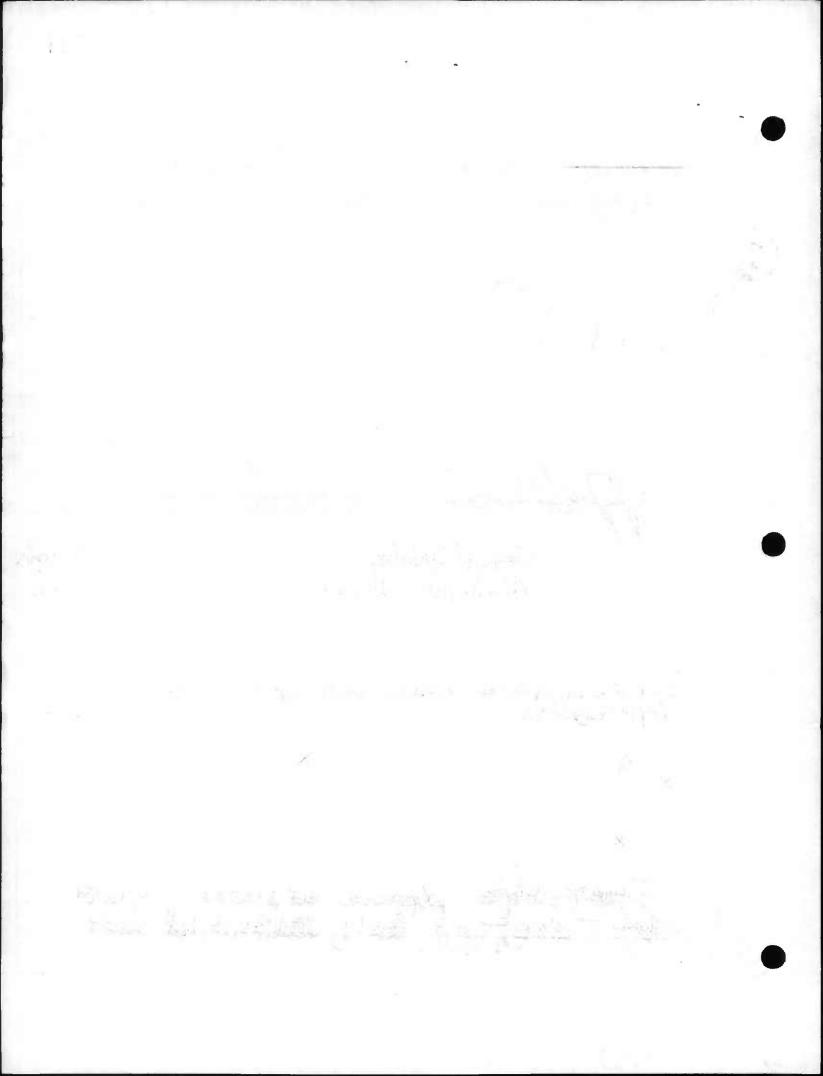
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BAL	
0	
(68760,	)
.O. BO)	-
ECORDS, F	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
DIVISION	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Elizabeth Viola Weber 1:30 PM Nov. 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 15,  $218^{-38} - 2837$ 81 DAYS HOURS 1 🗌 M 2 💢 F YRS. Maryland Sa. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 17102 York Road FUNERAL DIRECTOR Parkton Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkton 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 17102 York Road U.S.A. 21120 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. **FIMORE, MARYLAND 21215-0020** 24 hours after death. Page 6 may be retained by the hospital or attending physic 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY detached for entary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lester Copenhaver director, page 5 should be Ħ Viola Grimm BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hammond H. Weber 17102 York Rd., Parkton, MD 21120 99 20e, METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of Nov 16 20c. LOCATION — City or Town, State must Pine Grove Cemetery 4 □ Donation 5 □ Other (Specify) Parkton, MD 1994 21. SIGNATURE OF FUNERAL MERIVICE examiner 22. NAME AND ADDRESS OF FACILITY attending physician and completely filled in by the funeral J.J. Hartenstein Mortuary, 24 Second St., New Freedom, Inc. PA 17349 or removal. medical 23. PART I. Enter to diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximata shock or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** event, the cremation, disease or condition \_\_\_\_\_ resulting in death) - Week executed prior to burial. SPASE traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. this certificate has been signed by the with the State Dept. of Health and Me 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE requires that the MEDICAL pertension Diapotes any OF DEATH? Shows 1 TYES 2 THO ő PHYSICIAN: 3W Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) The Item the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED death with is marked, 1 Natural
2 Accident 1 YES 2 10 BY THE HOSPITAL OR ATTENDING ITHE FUNERAL DIRECTOR: After fled within 72 hours after death 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(e) and manner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER **BE** es ecou ဥ



FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	RTIF	CATE O	F DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE	of DEATH	777 7	CYEAR	3. TIME OF DEATN			
	Mary Louise Wood 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in vrs. lest						/ 1	994	1630 <sub>M</sub>			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest	YRS.	MONTHS DAY	-	7. DATE	OF BIRTH th, Day, Year) 13-191	,	8. BIRTHI	PLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF D		13-191		TY OF DE				
DIRECTOR	Calvert Memorial Hospital			Frederic			Calv					
REC	10a. STATE 10b. COUNTY		, TOWN OR LO						10d. INSIDE CITY			
	Maryland Calvert	Prir	ice Fre						1) YES 2   NO			
FUNERAL	100. STREET AND NUMBER PO Box 1636			20678			10g. CITI	ZEN OF W	HAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 Million IF YES, GIVE WAR OR DATES		13. WAS D	ECENDENT OF HISPA apacity Cuban, Maxic ES 2 X NO Speci	N? (Specify Yes Rican, atc.)	es or No— 14. RACE — American Indian, Black, White, etc. Specify: White						
	15. DECEDENT'S EDUCATION 16a. DEC (Specify only highest grade completed) (Giv.	CEDENT'S	USUAL OCCUPA	TION most of working	18	b. KIND OF BUS	INESS/IND	USTRY				
ē	Florester (Florester) (0.12)	DO NOT US DUSEV	rork done during e retired.) Vife			Dome	stic					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	AME (First							
BE CC	Louis E. Groot			Emma P			surname)					
10 B				t and Number or Rural					10.00670			
٦				od Drive	Prir							
	1 Donation 1 Other (Specify) Cemetery, createry Computer Co		her plece)		1-9-	94 Cli	nton –					
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE MO0173	3	22. NAME J. H.	ANO ADDRESS OF FA	ACILITY 1 Mor	tuary	· · · ·		MD 20005			
-	23. PART I. Enter the diseases, or complications that caused the dea	nth Don							MD 20695			
	immediate cause (Final		or ontor the r	loce of dying, su	on se car	diac or reapi	atory arr	eat,	Approximate interval Between Onset and Death			
	disesse or condition resulting in death)  s. ARA TRA  DUE TO (OR AS A CONSEO	eH	RAL	S				WWKNO-				
_	DUE TO (OR AS A CONSEO	UENCE OF	): 	class				132	2 600			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	UENCE OF	):	HIO				्न	7-1-3			
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury											
Ë	that initiated events DUE TO (OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE	UENCE OF	):									
S	d											
DICAL	PART II. Other significant conditions contributing to death but not re			ng cauae given in	Part i.	24a. WAS AN / PERFORE			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ğ	44CK125025 DISC	4-3				1 TYES	<b>⊘</b> NO		OF DEATH?			
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT	ru ve	s $\square$ NO	M UNICEDTAL	N D	Ì			1 TYES 24 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE		N (Check only of									
Sic	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Outpat and 3 (	□ DOA	OTHER: 4 Nursing N	ome 5 🗆 Raaldence	8 🗆 Oth	er (Specify)						
표	27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	NJURY AT	T	SCRIBE NOW IN	JURY OCC	URED				
B	1 Natural 5 Pending 11/07/94			YES 2 NO								
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	ne, farm, a	treet, factory, of	lica	281, LOC City	CATION (Street ar or Town, State)	nd Number	or Aural Ad	oute Number,			
PE	29a. CERTIFIER (Check only	th occurre	d at the time, di	te and place, and du	to the ca	use(a) and mans	or an state	ed.				
ŏ.	one) MEDICAL EXAMINER: On the basis of examination and/or in	rveatigation	n, in my opinion	death occured at the	time, dat	a and place, and	due to the	cause(a)	and manner as stated.			
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	_	-	29c. LICENSE NU	MBER		29d. DATE	SIGNED (	(Month, Day, Year)			
면 면 면	In person			D472	75		<b>&gt;</b> //	107	194			
	30. NAME AND ACCORDED OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM			nce Exed	ari al	, MD.	206	578				
	Dr. Harry Kerasidis 100 Hospita 31. DATE FILEO (Mbrith, Day, Ybar) 32. REGISTRAR'S SIGNATURE		J. Pri	nce rrede	ST TCK	., III).	200	570				
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 1 0 1994 Suba d'autor ha	white							-			

· ·

ITEMS: 23 PART I, 27, PER MEO FILM G-718 12/5/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **JOSHUA** THOMAS WAGNER NOV 94 8:10 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F 213-43-3821 YRS. Maryland Sept. 26 1994 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Berlin ATLANTIC GENERAL HOSPITAL WORCESTER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland St. Marvs Charlotte Hall 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Rt. 2, Box 18 20622 burial-transi U. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Merried BY Specify 3 Widowed 4 Divorced signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Health and Mental Hygiene prior to burial, cremation, or removal. White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 0 N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Jeffery Ouade BE Carianne Wagner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 9 Carianne Wagner Same as #10 pe 20a, METHOD OF DISPOSITION
1 № Buriel 2 □ Cremetion 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must ■ Donation 5 □ Other (Specify) Resurrection 1994 Clinton, Maryland November examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home, P.A. M00668 225 & Glymont Rd. Indian Rt Head Md medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory screet, shock, or heart failure. List only one cause on each line. Approximate intervai Batween **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition SUDDEN INFANT DEATH SYNDROME resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF other traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeae or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART ii. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY MEDICAL 1 15 ES 2 | NO OF DEATH? YES 2 | NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MUNCERTAIN PHYSICIAN: THE HOSPITAL DR ATTENDING PHYSICIAN: The law r THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. PORTANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on HOSPITAL OTHER TXXYES 2 NO 1 - Inpetient 2 T ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED tXX Natural 1 YES 2 NO ВҰ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 SW MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE NOV. 5,1994 O.C.M.E RINGE 10) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year)

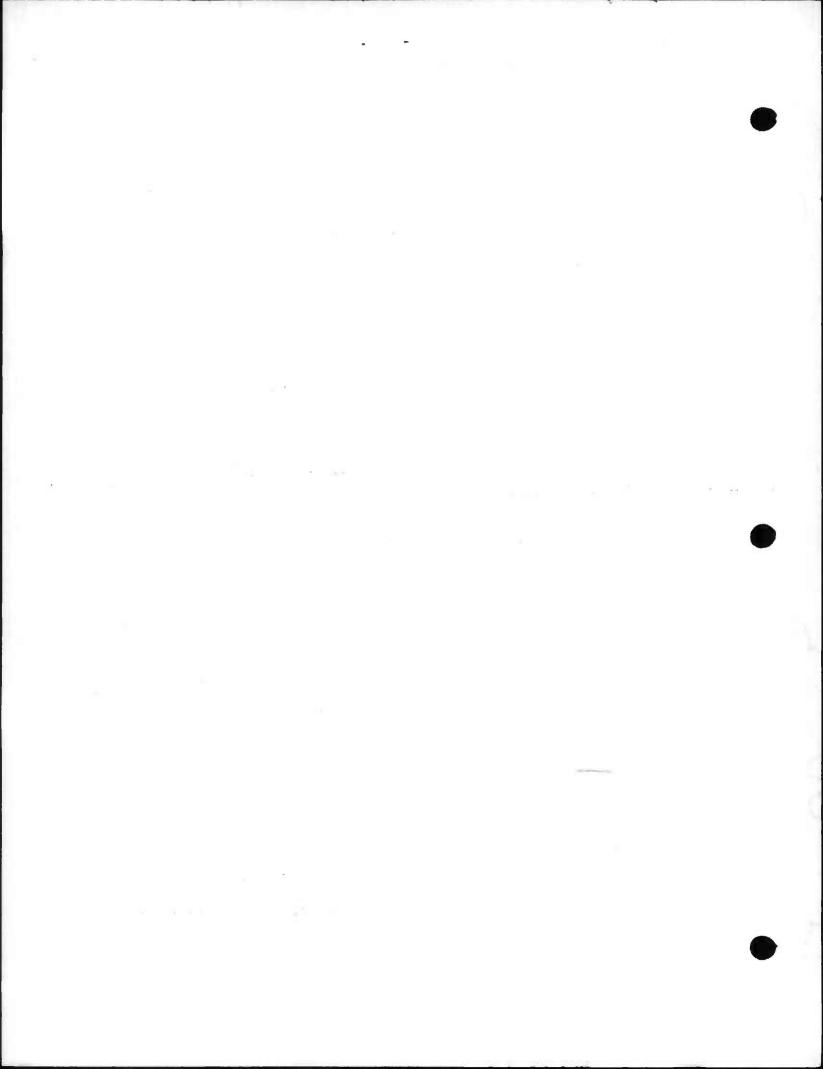
32. REGISTRAR'S SIGNATURE

Taba Davelson Re

NOV 1 0 1994

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH											
	Charles Leroy Whaples   11-06-1994   5:00 a. M											
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) if under 1 YEAR if under 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign											
	218-20-3945   X M 2   F   68 YRS.   MONTHS DAYS HOURS MIN.   O'9-10-1926   Maryland											
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
NO N	5929 Heritage Road East New Market Dorchester											
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
38	100, INSIDE CITY LIGHTS?											
	1 1 10 2 110											
RA	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
FUNERAL	5929 Heritage Road 21631 U.S.A.  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF MISBANIC ORIGINAL SECRETARY ORIGINAL SECRETARY O											
5	1 Never Married 2 W Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)											
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X No Specify: Specify: White											
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/JUDIUSTRY											
E	(Specify only highest grade completed)  [Give lifted of work done during most of working life. Do NOT use retired.)  [Give lifted of work one during most of working life. Do NOT use retired.)											
립	8 Machinist Wire Cloth											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surmame)											
BE	Charles Wesley Whaples, Jr. Emma Esther Abbott											
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21631											
	E. Juanita A. Whaples 5929 Heritage Road, East New Market, MD.											
1	20a. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION (Name of Competency or other place)  20b. PLACEAND DATE OF DISPOSITION (Name of Competency or other place)											
	Dorchester Mem. Park 11-9 Cambridge, MD.											
1	22. NAME AND ADDRESS OF FACILITY  Curran—Bromwell Funeral Home, P.A.											
1	toblee from Brownell 308 High St., Cambridge, MD. 21613											
	23. PART Inter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest.   Approximate											
	ehock, or heert failure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Fine)  Onset and Death											
	disease or condition . Dehy dration /week											
ĺ	DUE TO (OR)AS A CONSEQUENCE OF):											
z	Sequentially list conditions on Dysphaghia Sweets											
은												
<u>র</u> ∥	if any, leading to immediate course. Enter UNDERLYING CORC DROVAS CHIAR ACCIDENT GWEEKS											
E 1	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CERTIFICATION	d											
2	PART II. Other significent, conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
DICAL	AMY () TRUM () () () PERFORMED? AMALABLE PRIOR TO COMME ETOM OF CAUSE											
- III III	OF DEATH?											
≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO NOCERTAIN											
NA N	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
S	EXAMINER?  HOSPITAL:  OTHER:  1   YES 2   NO											
PHYSICIAN: M	27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED											
	1											
B	3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Poute Number											
	4   Homicide detarmined building, etc. (Specify)											
COMPLET	29a. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Certifying Physician)))).											
₹ I	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
8												
H .	The same same same same same same same sam											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)											
	Rosemary M. Harris, M.D., 302 Collins Avenue, Hurlock, MD. 21643											
	31. DATE FILED (Month, Day, Year) 22. REGISTRAB'S SIGNATURE NOV () 9 1994 Land Mandall											
اللب	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

12

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

hours after death. Page 6 may be retained by the hospital or attending BALTIMORE, MARYLAND 21215-00

.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			RIF	ICALE	OF	DEA	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	EMILE W	JTT.T.TAM	I WT	NDSO	R			MONT			YEAR	3. TIME OF DEATH 6:55 ₩
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER	27.002	October 21,19				
	215-20-1863A	1 X M 2 - F	7 0	YRS.		DAYS	HOURS	MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 3 / 0 6 / 2	4	Country	PLACE (State or Foreign y 1 a n d
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE				NTY OF DE	EATH
OR O	103 Thompson St	reet			Н	ur 1	ock				Do	rche	ster
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	,		40 0									
DIRECTOR	100.000	rcheste	er	10c. CIT	Y, TOWN OF	LOCAT	ION	Hui	rloc	k			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	103 Thompson							216	643				States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT C	F HISPAN	IC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE	— Americen Indian, White, etc.
ВУ	1 Never Merried 2XNMerried 3 Wildowed 4 Divorced	IF YES, GIVE W			1 YES 2 NNO Specify:								White
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL OCC vork done du e retired.)	CUPATIO	ON st of working	10	16b	. KIND OF BUS	INESS/INE	USTRY	
COMPLETED	Elementery/Secondery (0-12) 1 2 t h	College (1-4 or 5+	,		istr			•	Nι	ırsing	з Но	me F	acility
MO	17. FATHER'S NAME (First, Middle, Last)	-				4 6 6		HER'S NAM		Middle, Maiden		<del></del>	
BE C		infield	Ross V	lind	sor		_ I	va 1	L. V	Vindso	or B	rins	field
10	190. INFORMANT'S NAME (Type/Print)  Claribel B. Wi	Indoon								ber, City or Town			612
	20e. METHOD OF DISPOSITION		20b. PLACE A			_		uric	_	Mary		City or Toy	
;	1 ☐XBuriel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery, crei	netory or of	her plecel			em.					
1	4 Donation 5 Other (Specify) Unity-Washington Cem. 10-23 Hurlock, Ma  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Framptom-Hawkins-Eskow Funer										100		
	Framptom-Hawkins-Eskow Funeral PO Box 43, Federalsburg, MD 2												
	23. PART i. Enter the diseases, or cahock, or haert failure.	omplications that	caused the de	ath. Do n									Approximata
	IMMEDIATE CAUSE (Fine)							(	$\sim$				Interval Between Onset and Death
	disease or condition - a. METASTATIC ADSUCCAGLISONA - UNKNOWN FRIMARY 4 MC											4mo	
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	UENCE OF	7:								
CA	CAUSE (Disease or injury	DUE 70	00 40 4 00000										
	that initiated events resulting in deeth) LAST	DUE 10 (	OR AS A CONSEC	UENCE OF	7):								i
		1											1
EDICAL	PART ii. Other significant condition.					erlying	ceuse g	given in I	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	CHEOSIC Obstan	CTIVE TUL	monory	Disa					_	1 TYES 2	PYNO		COMPLETION OF CAUSE OF DEATH?
M									_				1 TES 2 NO
ÿ	DID TOBACCO USE CONTR	RIBUTE TO CAL					UNC	ERTAIN	12				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check on								
ΙΥS	1 ☐ YES 2 Ø NO  27. MANNER OF DEATH	1   Inpatient 2			4 - Nursi	ng Home		sidence					
	1 Naturel 5 Pending	28e. DATE OF I (Month, Da		28b. TIME		and the same	URY AT RK? 'ES 2	NO	28d. DES	SCRIBE HOW IN	IJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hor	ne, ferm, s	treet, factor			-	281. LOC	ATION (Street e	nd Number	or Rural Ro	oute Number,
COMPLETED	4 Homicide determined	building, e	tc. (Specify)						City	or Town, Stete)			
1	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC												
SON	2 MEDICAL EXAMINE	R: On the beele of ex	amination end/or in	rveatigation	n, in my opi	Inlon, de	esth occur	ed at the t	time, date	end place, end	due to th	e ceuse(e)	end manner ee stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER			_			_	NSE NUM			29d. DATI	E SIGNED (	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	F OF DEATH OFFI	27) /Sm-	Print)		0	4300	<u> </u>		24	out	14
			100EWI			5	o Newsto	~	MO	2160	)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE									-	
	DCT 31 '94	Julia Dav	idson-Rano	600									
		//											

BOX 68760 BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crismation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crismation, or removal.

notified at

be

must

examiner

medical

the

event,

other traumatic

injury.

shows any

23

Item

0

99

28

Item

=

31. DATE FILED (Month, Day, Year)

NOV 0 9 1994

32. REGISTRAR'S SIGNATURE

Julia dhudear Raylell

this c marked.

FUNERAL within 72 h HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATN Abram Sterling Weller Sr. 4:30 Pa November 4 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign r. DATE OF BIRTH (Month, Day, Yell Feb 3, DAYS HOURS TY M 2 F 055-07-0541 78 1916 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR S. Colonial Avenue Westminster Carroll RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll 1 X YES 2 NO Westminster FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 64 S. Colonial Avenue 21157 United States 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, aic. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 T Married Specify: white BY 3 Widowed 4 Divorced WWII COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) craftsman construction 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Carroll William Weller Helena Fritz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21157 2 Larue Weller Colonial Avenue, Westminster, MD 208. METNOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 11/7/94)DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Evergreen Memorial Gardens Finksburg, MDD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherine - Duxither 412 Washington Rd., Westminster, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition endo 14 lee K resulting in death) CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING a CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 24a, WAS AN AUTOPSY MEDICAL 1 YES 2 THO 1 YES 2 100 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, alc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND DELL OF CERTIFIER 29d. DATE SIGNED (Modern 29c. LICENSE NUMBER BE MD tuall 38915 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ø 0

2	?	armit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with 1	IMPORTANT: If item 28 is marked,

ł	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF
	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
				94	140:

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH														
	ROY WISSEM	IAN								монтн 11	o <sup>2</sup>		94	11:20 A M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	птн		a. BIRTI	IPLACE (State or Foreign	
i i	172 18 28	359	1 M 2   F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	7/21/	190	6	Count	γ)	
	9a. FACILITY NAME (If not in					9b. CITY	TOWN (	OR LOCATION	ON OF DE				NTY OF D		
œ	SACRED HEA	рт пос	DTTAT												
8	RESIDENCE OF DEC		LILAL			CUP	BER	TAND				ALL	EGAN	I Y	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT							10d. INSIDE CITY LIMITS?			
ā	PA	Some	rset		Sa	lis	oury	7						1 YES 2 NO	
AL	10e. STREET AND NUMBER						101	. ZIP COO	E			10g. CITI	ZEN OF V	VHAT COUNTRY?	
BY FUNERAL	Route 1, B	ox 23	6					155	58			1	JSA		
5	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S. ARI	MED			ENOENT C	F HISPAN	IIC ORIGIN? (Spe				— American Indien, c, White, etc.	
7	1 Never Merried 2 X		IF YES, GIVE	MAR OR DATES	0	9	1 YES	2 XNO	n, Maxicai Specify	n, Puerto Rican, e	etc.)		Speci		
													√hit	e	
	15. DEC (Specify only	EDENT'S EOUC y highest grade	completed)	16a. DEC	Ve kind of	WORK done	CCUPATIO during mo	ON st of workin	ng	16b. KIND	OF BUS	INESS/INC	USTRY		
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)											
COMPLETED	17. FATHER'S NAME (First, M	liddle Leet)		Sel	т-е	mp1	yec			-		ayeı			
	William W									ME (First, Middle,		Surname)			
H	19e. INFORMANT'S NAME (1		111	196	MAILING	ADDRESS	Ctuned a			ah Foll			0.11		
임	Lucille Wis		2	1										5550	
	200. METHOD OF DISPOSIT		1	20b. PLACEA					0; 3	Salisby		CATION -			
	1X Buriel 2 - Cremetic	on 3 🗆 Ramo	val from State	cemetery crer	natory or o	ther place!									
- 1	4 Donation 5 Dotter (Specify) Maple Glen Cemetery 11/7 Fort Hill, PA  21. SHONATURE OF FUNCEAL SERVICE LICENSEE														
- 1	► 1 . Ti	X	Duma							al Hor					
$\dashv$	700	wo				1.5	55 N	lain	St.	: Grai	nts	vill	e.	MD	
	23. PART I. Enter the di ahock, or h	eart fellure. I	omplications the	ot coused the decuse on each line.	eth. Do i	not enter	the mo	de of dyl	ng, auch	h as cerdiec or	r reepi	ratory em	est,	Approximate intervsi Between	
	IMMEDIATE CAUSE (Fir	nal	11.	- A-		000				Q.				Onset and Death	
	disease or condition resulting in deeth)  a. MOTASTATIC (ARCHOMA OF BADDEL)  OUE TO (OR AS A CONSEQUENCE OF):														
			00E 10	OH AS A CONSEC	UENCE O	P):								i	
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONSEO	UENCE O	F):									
Ä	if sny, leading to immed cause. Enter UNDERLY	NG				,									
E	CAUSE (Disease or Injuthet initiated events	La J	DUE TO	(OR AS A CONSEO	UENCE O	F):									
	reaulting in death) LAS	T .	l												
	PART II. Other aignifica	nt condition	omethuting to	don'th hut not a		in the co	al a alcalas		1	n					
EDICAL	D. V	JAS.		death but not re	suiting	in the ur	ideriyin	g cause g	given in		PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	IGNOU	11000	Hickory	4						_ 10	YES 2	NO		OF DEATH?	
Σ			, ,											1 TES 2 NO	
Ž	DID TOBACCO U		IBUTE TO CA				-	UNC	ERTAIN	1 🗆 📗					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			TH (Check	₹:						-		
₹	1 YES 2 NO		1 Inpatient 2	ER/Outpetlant 3		7			sidence	a Other (Speci					
	1 Natural 5	Pending	(Month, E		28b. TIM	IURY		UHT AI RK? 'ES 2	۱ میر	28d. OESCRIBE	HOW IF	NJURY OCC	CURED		
à	2 Culetde	Investigation	28e. PLACE C	OF INJURY — At hor	ne lerm	etrant fact			NO	AM LOCATION	(Pennata	and Alumban	or Ormal C		
	3 Suicide a 4 Homicide		atreet, race	ory, ome	•		City or Town	, State)	na Number	or nurai r	soute Number,				
COMPLETED	29e. CERTIFIER														
₽ I	(Check only	CAL EXAMINE	IAN: To the best of	my knowledge, des	ith occum	ed at the t	ime, deta	and piece.	end dua	to the cause(e) a	nd man	ner se etet	ed.	) and manner ee stated.	
8			() L	A STATE OF S	westigetic	m, m my c	финоп, а			-	ace, en	d due to th	e ceuse(s	) and manner ee stated.	
H	296. SIGNATURE AND TITLE	OF CERTIFIES	0	-/					NSE NUM	BER		29d. DAT		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WAY	COMPLETED COM	05.05.05.20		0.1.6		D31	8/5				11/	7/94	
		11/							4.325						
-	DR. ROBERT	WELLK	M.D.,	MUZ SETO	N DR	TAE,	CUM	REKT	AND,	MD 215	02				
	MOV 0.3.133	4	( The Carticle Call	Of Grand our											
		/													

DIVISION OF VITAL RECORDS, P.O. BOX 68760
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

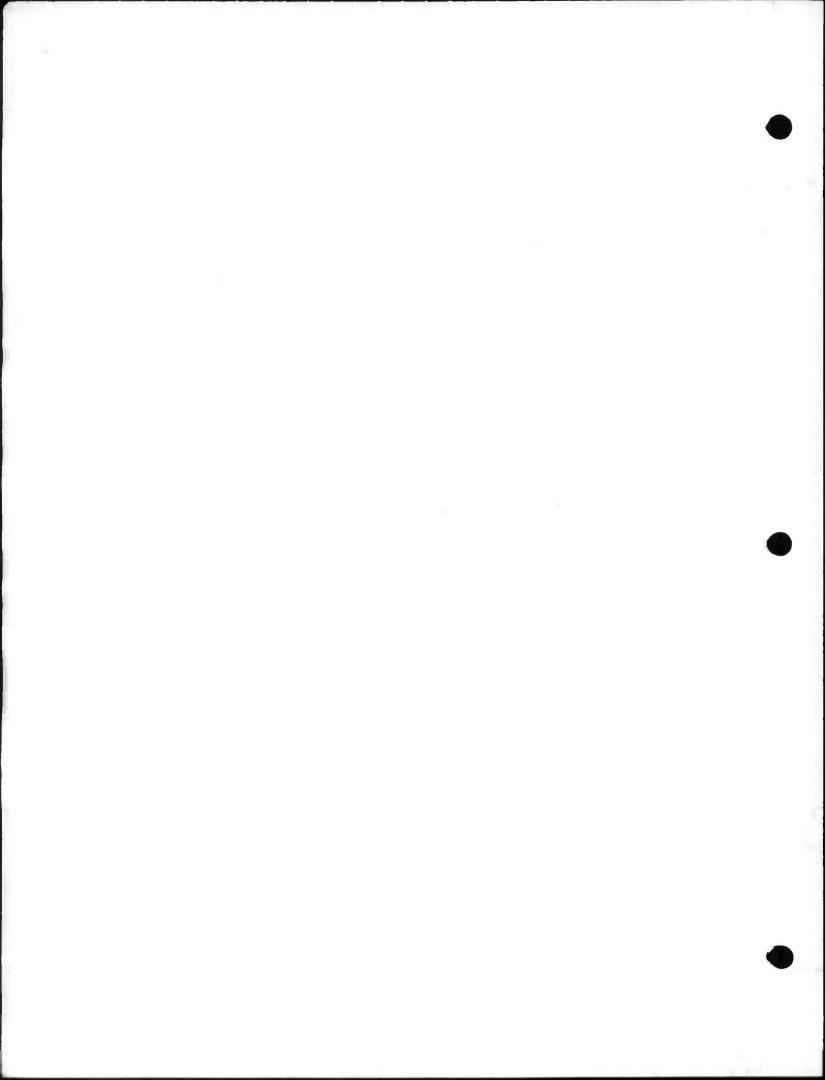
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0									
	Thomas C		hadlas		Wagman		November 3 19		1 1 -7 4	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last bi	thday) IF	UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 1994	TTHPLACE (State or Foreign	
	193-18-6251	1 1 3 M 2 □ F			ITHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)	
	193–18–6251   1 🕱 M 2 U F   71				11/19/22 Pennsylvani					
OC.	SC COUNTY OF BEATH									
DIRECTOR	Harford Memorial Hospital Havre de Grace Harford									
L C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
<b>E</b>	Maryland		Aberdeen				LIMITS?			
	Maryland Harford				10f. ZIP CODE					
204 Courth Dowles Chrost							2.000	F WHAT COUNTRY?		
빌	304 South Parke Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARI				21001 U.S.A.					
5	11. MARITAL STATUS  1 □ Never Merried 2 ⋈ Merried  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 □ YES 2 ☒			D	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indian, Black, White, atc.)					
BY	3 ☐ Widowed 4 ☐ Divorced				1 ☐ YES 2 💢 NO Specify: Specify:					
쁘	15. DECEDENT'S EDUC (Specify only highest grade	(Glve	BECEDENT'S USUAL OCCUPATION  Global Mode work done during most of working  To NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY							
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5+)								
Σ	12	0	Dire	ctor				Works-1	l'own	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden			
BE	Augustus Wagman					Stel	la Irene St	rausbau	ıgh	
2	19s. INFORMANT'S NAME (Type/Print)		19b. N	AILING ADI	ORESS (Street	and Number or Rural	Route Number, City or Town	. State, Zlp Code)		
-	Mrs. Esther E.	Wagman	30	4 Sou	ith Pai	rke Stree	et, Aberdee	en, Mary	land 21001	
	20a. METHOD OF DISPOSITION  ★XBuriel 2 ☐ Cremation 3 ☐ Rame	numl danum Canto	20b. PLACE AND	DATEOFO	SPOSITION (N	eme of	DATE 20c. LO	CATION City or	Town, State	
	4 Donation 5 Other (Specify)	oval from State	cemetery, creme Harford	ory or other p Memo	rial (	Gardens	11/7 Abe	deen. M	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	NO ADDRESS OF FA	CILITY			
	Tarring-Cargo Funeral Home, P.A.									
	Hary K.	Wi Du	vanny			deen, Mai				
	23. PART I. Enter the diseases, or complications that caused tha death. Do not antar the mode of dying, such as cardisc or respiratory errest, Approximate shock, or heart fellurs. List only one cause on each line.									
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in dasth)		androse	we	SUOC	1			7 Junus	
	DUE TO (OR AS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Entar UNDERLYING	e. Enter UNDERLYING								
里	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUE	NCE OF):						
F	resulting in death) LAST									
CAL									4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
8	- raile	way / au	line				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
ME	9								t TYES 2 NO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO R									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
S	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆		HER:	a 5   Basidance	6 Other (Specify)			
Ξ	27. MANNER OF DEATH	28a. DATE OF IN		8b. TIME OF		URY AT	26d. DESCRIBE HOW II	URY OCCURED		
	Netural 5 Pending	(Month, Day,		INJURY	WC	PRK?	LOG. DEGONIDE HOW II	TOOM! OCCORED		
BY	2 Accident Investigation	20- BLACE OF I	N II IDV	Annual et a						
8	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
<b>E</b>										
4	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.									
	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED/(Month, Day, Year)									
H	( PEIX IM	17	Zed. UATE SIGNEDY(Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO	11/0	11/3/17							
	CHAPLOS HI	K 7101	1, DA	A-11	R A	IF LA	REPOSTELLIAN 21001			
	31. DATE FILED (Month Day Year)	132 AEGISTRAR'S SIGNATURE								
NOV 04 1994 July Davider Randall										
	MONGELANT									

DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit. in 24-fours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	
	¥ ¥	9	
	D	PI	
	taine	Shot	
	B)	3	
•	N N	page	1
	E	0,	
	ge 6	irect	
	S.	D IS	
	eath.	une	
	er d	the f	NEW.
	s aft	3	emo
	OUL	Ë	70
	24 11	fille	6
	5	tely	nati
	X	ple	Crei
	rted	5	naf,
	Xecı	and	ā
	90	lan	or 10
	ate	ysic	pric
	tific	d D	ene
	9	gin	H
	eath	atte	Ital
	he d	the	Σ
	at t	3	and
	as th	med	alth
	quire	n siç	He
	W Te	pee	f. 0
	e la	has	Dep
	E	ate	tate
	AN	Ě	Se S
	YSI	S CE	4
	F	=	¥
	SING	Afte	deat
	EN	8	ter
	A	Ē	Sal
	S	E H	hou
	TAL	₹.	2
	SP	NE	thin
	Ĭ	EF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	王	Ξ	file
	2	2	20

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  THEODORE WILLIAM WHITE SR.  2. DATE OF DEATH MONTH DAY YEAR 1998 ALL ME UNDER 1 YEAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	219-16-1121 XX M 2 F 80 YRS. MONTHS DAYS HOURS MIN. JAN 9 1914 MARYLAND
TOR	HOME-1353 SHIRLEYVILLE RD.  RESIDENCE OF DECEDENT  96. CTV, TOWN OR LOCATION OF DEATH  ARNOLD, MD.  9c. COUNTY OF DEATH  ANNE ARUNDEL
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MARYLAND ANNE ARUNDEL ARNOLD MD. 1 □ YES 2 1 100 YES 2 100
NERAL	106. STREET AND NUMBER  106. STREET AND NUMBER  106. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  21012 ##### U.S.A.
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES XX  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.)  14. RACE — American Indian, Bleck, White, etc.  1 YEX NO Specify O  APPRO AMERIC
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  LABORER  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working  We. Do NOT use retired.)  LABORER  +++++++
COMPLET	12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
TO BE	J SOTIN WITTE SR. NETTIE BROWN  196. INFORMANT'S NAME (Type/Print)  SYLVIA NOLAN  SAME AS 10 E  NETTIE BROWN  196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
X	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company, or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company), or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company), or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company), or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of company), or other place)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ANNAPOLIS, MD. 21401  HOUSE OF HICKS 1922 FOREST DR.
	23. PART i. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):
MEDICAL C	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Number 5 Persidence 8 Other (Specify)
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Nursing
EI ED B	3 Sulcide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.
וס פב כו	296. SIGNAFURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Morrin, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  WILL THE THIRD MARKET THE PRINTING TH
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

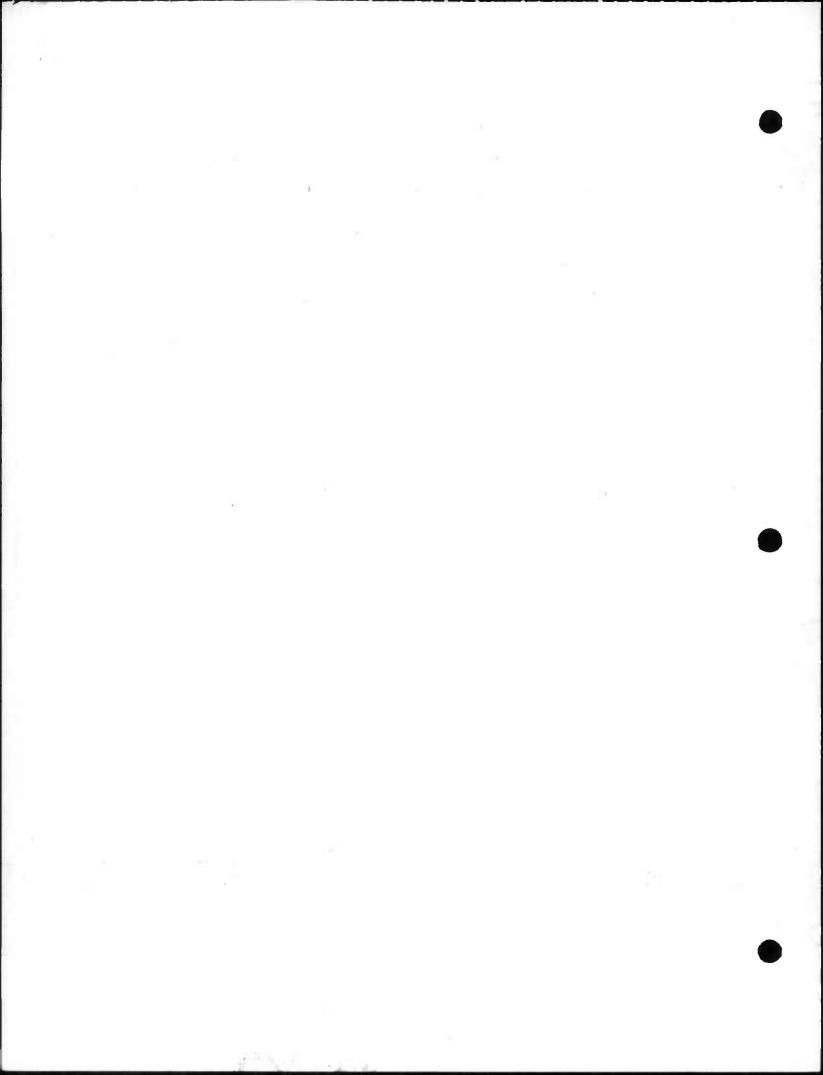
ПL			

	REGISTRAR		<u></u>	nur	ICALE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest WILLIAM	Р.			WIO	GGE	R	2. DATE	of DEATH	19	9 YEAR	6:55 A	
	social security number	5. SEX 1 M 2 F	8. AGE (In yrs. less	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH	9	8. BIRTH Country		
TOR	99. FACILITY NAME (If not institution, give 730 BEDFORD ST RESIDENCE OF DECEMENT	*				R LOCATION OF D	EATH	.,	9c. ÇOU	INTY OF DI	EATH		
DIRECTOR	10e. STATE 10b. COUN	ECANY			10c. CITY, TOWN OR LOCATION  CUMBERLAND						10d. INSIDE CITY LIMITS? 1X YES 2 NO		
RAL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?	
BY FUNERAL	730 BEDFORD STREET  11. MARITAL STATUS  1	TEVER IN U.S. ARI X YES 2 N AR OR DATES	MED O	It:	yes, spe	21502 ENDENT OF HISPA city Cuban, Mexic 2 NO Speci	en, Puerto		or No-	14. RACE Black	S A  — American Indian, , White, etc.  Y: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)		(Gi	ECEDENT'S USUAL OCCUPATION  Give kind of work done during most of working  B. DO NOT use retired.)  LABORER			16b. KIND OF BUSINESS/INDUSTRY  CONSTRUCTION						
BE CON	17. FATHER'S NAME (First, Middle, Last)  JOHN R. JONES						18. MOTHER'S NA			,			
TO	190. INFORMANT'S NAME (Type/Print)  AMBER JO WIGGER						A CUMBERL						
	209 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cree SUNSET		RIAL P	ARK		11/1			City or Ton		
	21. STONATURE OF FUNERAL SERVICE L	A Ha	Je J		HAF	er c	DADDRESS OF FA HAPEL OF T TIONAL HA	THE HI					
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure impediate in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated evente resulting in death) LAST	a. Athe	GOR AS A CONSECTION AS A CONSE	DUENCE OF	F):		diovasc					Approximate Interval Bate Onset and D	
MEDICAL CE	PART II. Other algorificant condition	death but not n	esulting	In the und	erlying	cause given in	_	24a. WAS AN A PERFORI	MED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN STATES OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:												
SIC			ER/Outpatient 3	DOA		o Home	1   Netural   S   Pending   M   1   YES 2   NO   2   Accident   Investigation   28e. PLACE OF INJURY — At home, farm, street, factory, office   28e.						
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 □ Inpetient 2 □  28e. DATE OF (Month, Da)  28e. PLACE OF	INJURY ny, Year)	286. TIM	4 🗌 Nursin E OF 2 URY	8c. INJU WOR 1   YI	RY AT	28d, DES	SCRIBE HOW IN ATION (Street er or Town, State)			oute Number,	
BĄ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF (Month, Date of the building, of the best	INJURY y, Year)  FINJURY — At horetc. (Specify)	28b. TIM INJ	4 Nursing E OF 2 URY M 2 witnest, factor	8c. INJU WOR 1 VI y, office	IRY AT IK? ES 2 NO	28d. DES	ATION (Street e or Town, State)	nd Number	r or Rural Ru		

# TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transperment and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

### FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE OF				3. TIME OF DEATH
	JULIA	61	PDAELL	_			Novem	D/		YEAR OOL	5:44 DM
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest b		NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH		A BIRTH	IPLACE (State or Foreign
	214-01-9706	1 M 2 MF	87	YRS. MON	-	HOURS MIN.	Oct.	7 1	907 l	Countr	isconsin
	9a. FACILITY NAME (If not institution, give s		07					. / 1			
~		,				OR LOCATION OF E	EATH			NTY OF D	
Ö	Shady Grove Ad	ventist	Hospit	al   F	lockv:	ille			Mon	tgo	mery
22	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	,		44 01774 77	WN OR LOCAT						
DIRECTOR										ì	10d. INSIDE CITY LIMITS?
		tgomery		Barr	esvi						1 YES 2 NO
ĭ.	10e. STREET AND NUMBER				101	. ZIP CODE					VHAT COUNTRY?
FUNERAL	17410 Barnesvi	lle Road				20838	3		U.	S.A	•
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME	ED .	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 L	YES 2 NO			ecify Cuban, Maxic		an, etc.)			k, White, atc.
В	3 Widowed 4 Divorced					a gg ito opoo			- 1	эрви	"y white
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECE	DENT'S USU	AL OCCUPATIO	ON	16b. K	IND OF BUS	SINESS/IND	USTRY	
<u>     </u>	Elementary/Secondary (6-12)	College (1-4 or 5+)	life. Do	kind of work o o NOT use reti	done during mo red.)	st of working					
립		4	regi	stere	ed nu:	rse	Che	estn	ut L	odg	e
COMPL	17. FATHER'S NAME (First, Middle, Last)		F - 8 -			18. MOTHER'S N				0	
	John Blankenho	** **				Barbar			Surrieme)		
H	19a. INFORMANT'S NAME (Type/Print)	1 11									
유						nd Number or Rural					M 1 20020
	Woolie M. Wadd	ell	1 /	410 1	sarne.	sville	Kd Ba	arne	SV11	те	Md 20838
	20a. METHOD OF DISPOSITION  1 M Burlat 2 Cremation 3 Remarks	oval from Stata	20b. PLACE ANI	D DATE OF DIS	SPOSITION (Na	me of	DATE		CATION -	-	
	4 Donation 5 Other (Specify)		cemetery, crema	Monoc	čácy		11/9	Be	alls	vil	le, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-11		22. NAME AN	D ADDRESS OF F	ACILITY				
	b 1.1 11.	C 11.	et.	.	Hi.	lton Fu	ınera.	1 Ho	mе		
$\vdash$	22 PAST I FAMILY	//			Ва	rnesvi	lle, l	Md	2083	8	
Н	23. PART i. Enter the diseases, or of shock, or heart fellure.	iomplications that of List only one cause	ceused the desti on each line.	h. Do not e	nter the mo	de of dying, eu	ch es cerdie	c or respi	ratory err	eet,	Approximata Intervel Between
1 1	IMMEDIATE CAUSE (Final	D									Onset and Deeth
	disease or condition resulting in deeth)	· Theu	MON (	a							E day
		DUE TO (O	R AS A CONSEQU	ENCE OF):							o anys
z		b. Emp	h-19e	ma							6 days
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (O	R AS A CONSEOU	ENCE OF):							y caus
🕺	ceuse. Enter UNDERLYING										
≝	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQUE	ENCE OF):							
	resulting in deeth) LAST										
핑		3									+
DICAL	PART II. Other significent condition	e contributing to de	eeth but not res	ulting in th	e underlying	g ceuse given in	Part I. 2	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
할							١,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
: !!!							— I'	☐ 1E3 2	3200		OF DEATH?
Σ	DID TOBACCO USE CONTI	DIDLITE TO CALL	SE OF DEATH	VEC S	Z NO E	LINICEDTAL	N 0				1 TYES 2 5000
A I	25. WAS CASE REFERRED TO MEDICAL	CIBOTE TO CAU		-	neck only one)	UNCERTA	иПГ				
프	EXAMINER?	HOSPITAL:		OT	HER:						
ΥS	1 TES 2 TAKNO	1 Superient 2 E		DOA 4	Nursing Hom	e 5 🗆 Residence	8 🗆 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,		86. TIME OF	28c, INJ WO	URY AT RK?	28d. DESCR	IBE HOW II	OO YRULA	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation					rES 2 NO					ļ
0	3 Suicida 8 Could not be	28s. PLACE OF I building, atd	NJURY — At home	, farm, street	factory, office		281. LOCATI	ON (Street a	nd Number	or Rural R	loute Number,
臣	4 Homicide datarmined	bullding, att	L. (Specify)				City or	Town, State)			
Ë	29a, CERTIFIER			1205 12			A personal and				
A P	(Check only one)										
COMPLETE	2 MEDICAL EXAMINE	H: On the basis of axan	nination and/or inv	estigation, in	my opinion, d	eath occured at the	time, data an	d placa, an	d due to th	e cause(a	) and manner as stated.
w	296. SIGNATURE AND TITLE OF CERTIFIER	t	(			29c. LICENSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)
9 0	Fred 50	ase MI	ND			D380	076		N	سرعاراه	noer 7, 1994
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 2	(Type, Print	) ,	,	-			- 071	
1	19710 Fisher	Asio.	n UP	Va	2/04	ville	ME	7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	s signature			V V - LC	7				
	NOV 0 9 1994	girter d'au	clear Rand	12							
		11.7	2.74	10							

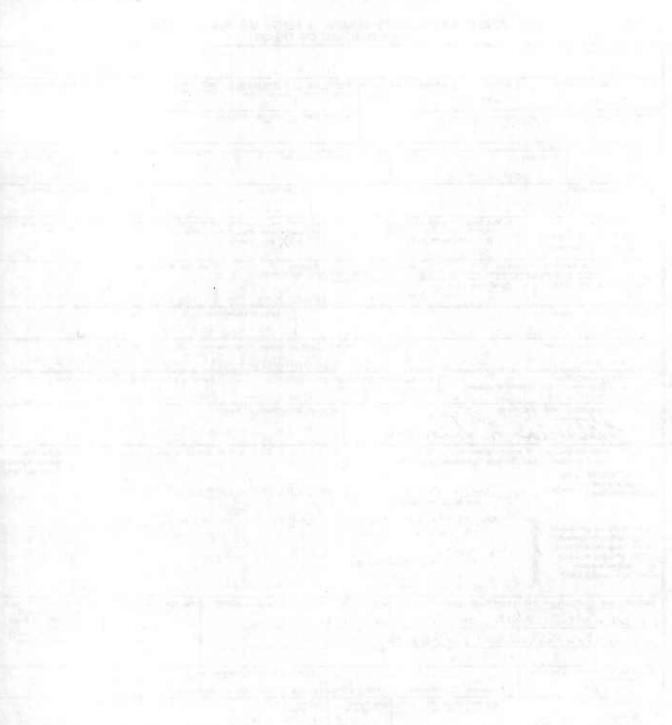


BALTIMORE, MARYLAND 21215-(	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	once.
MARYL	retained by	5 should be	notified at
MORE,	де 6 тау бе	frector, page	r must be
BALTII	ter death. Pa	the funeral d	al examine
	hours af	y filled in by tion, or remo	the medica
68760	ecuted within	nd completel burial, crema	rtic event,
BOX	ificate be ex	physician ar	her trauma
0.9, P.O	e death cert	he attending Mental Hygic	jury, or ot
ECORE	quires that th	Health and	ows any in
TAL B	: The law rec	tate Dept. of	tem 23 sh
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	S PHYSICIAN	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT II hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IVISIO	R ATTENDING	RECTOR: After urs after dear	m 28 is m
۵	HOSPITAL OF	UNERAL DII	ANT: If its
	TO THE !	TO THE F	IMPORT

1 - STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	CALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)			11 1		2. DATE OF DEATH	AY . OYEA	3. TIME OF DEATH
	John	Α.		yank	Lus		27 1994	1735 M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign untry)
	102-36-8667	1 X M 2 D F	49 YRS.	months bars	HOOKE WIN.	10/21/4		ew York
R	9a. FACILITY NAME (If not inetitution, give PENINSULA REGIO)	NAL MEDICAL	CENTER	SALIS	BURY	EATH	9c. COUNTY O WICON	F DEATH IICO
DIRECTOR	RESIDENCE OF DECEDENT							
품	10e. STATE 10b. COUNT		10c. CITY	r, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
		orcester	Sı	now Hil	11			1 TES 2 NO
A	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
<u>u</u>	3851 Algonq	uin Trail			21863		U.S.	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVEI FORCES? YE IF YES, QIVE WAR OR	S 2 NO	13. WAS DEC	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:		ACE — American Indian, lack, White, etc. pecify:
ED E	16. DECEDENT'S ED	Vietnam	16a. DECEDENT'S	INDIAL OCCUPATION	241	Last Man on Div		white
=	(Specify only highest gred	le completed)	(Give kind of w	vork done during mo e retired.)	est of working	16b. KIND OF BU		
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	10016				ster Co	ounty
COMPLET	17. FATHER'S NAME (First, Middle, Last)	3+	TCounty	Admini		r Govern		
-		less e						
BE	Frank A. Yan	Kus	T son man man	1000000 101		ne Struoc		
2		,				Route Number, City or Tow		
	Jacqueline A							l, Md. 2186;
	20e. METHOD OF DISPOSITION  1 Sp Burlai 2 Cremetion 3 Rer 4 Donation S Other (Specify)	moval from State	tob. PLACE AND DATE of the completery, cremetory or of All Hall	her place)			cation - city of the control of the city o	Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE O			ND ADDRESS OF FA			
	* Fatricia	L. De	nsus					w HIll, Md.
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. aut A  DUE TO (OR A	Pend and a consequence of the River	D Rym				Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d								
	PART II. Other algnificant condition			n the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
DICAL		hotrnetm &		and a	suls	1 TES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	2- 1598AVASL	where Cough	legathy.		-	_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (C)	beck ask one)		
22	EXAMINER?	HOSPITAL:	utation 2 DOA	OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM	E OF 28c. IN.	JURY AT DRK?	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	IRY — At home, farm, a pecify)		YES 2 NO	281. LOCATION (Street City or Town, State)	end Number or Ru	ral Route Number,
E	4 Nomicide determined							
COMPLET	American Company of the Company of t	SICIAN: To the best of my kn IER: On the basis of examina						se(s) and manner so stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	ER ONN	(~)		29c. LICENSE NU	MBER 92	29d. DATE SIG	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type,	Print)	2 800/0	rn Shore	74 (	ales bury Md
	31. DATE FILED (Month, Day, Year)	12 MEGISTRAR'S SI	GNATURE	0191	caste	in shore	br. 3	wes pury and
12	OCT 28 1994		m- findal					



TEL

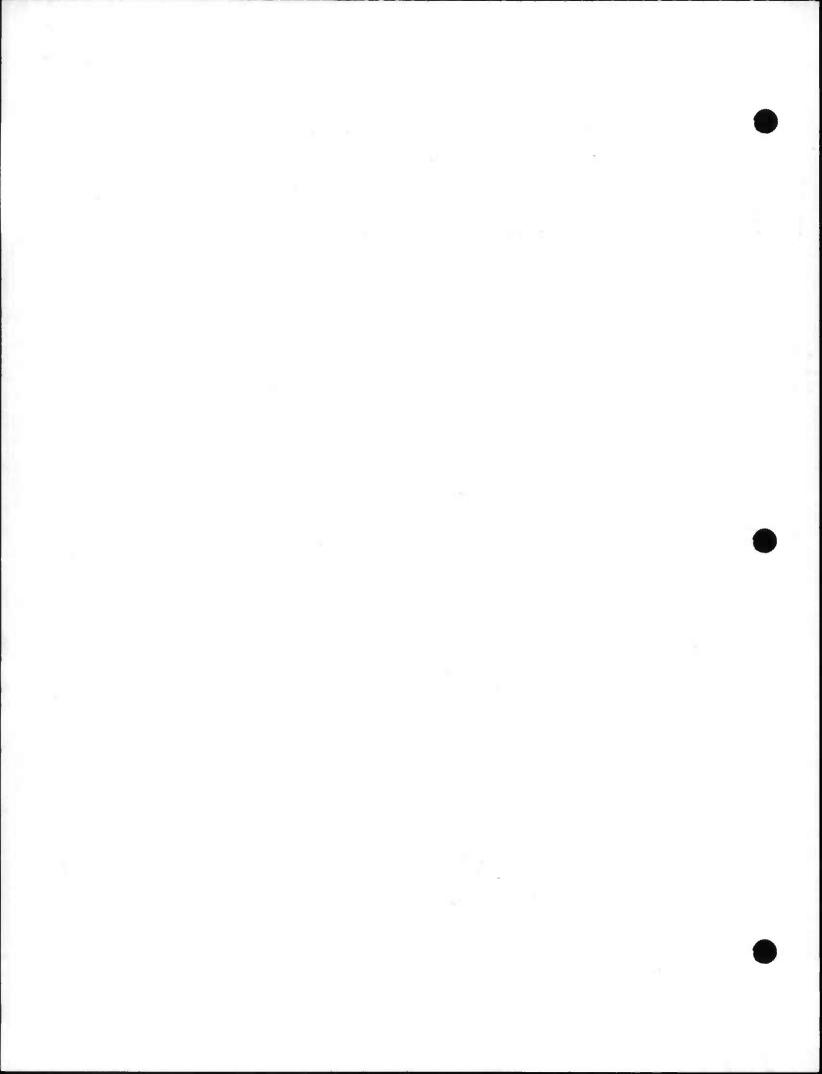
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	th A	e d		0
	D.	5		De S
	taine	Shou		tiffe
	e re	5		2
•	ay b	pag		t be
	E 9	ctor.		Dus
	age	dire		PF
	m. F	eral		튙
	dea	for for		exa
	after	y the	nova	cal
	ULS	ii.	ne l	Po
	PO.	Bed	n, 0	E
	7 11	ely fi	natio	=
	With	nplet	cren	rent
	uted	000	rial,	2
	эхес	and	D D	nati
	20	Clan	0,10	anu
	cate	HySi	e pri	er ti
	ertifi	DO F	gien	#
	th c	tendi	E.	0
	des	le at	Aent	uny,
	t the	5 th	nd A	Ξ
	tha	per	th a	au
	uires	Sign	Hea	SAK
	red	Deen	0	sho
	JAN	Jas L	Dept	23
	V: The	cate !	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ltem.
	CIAA	ertifi	the	6
	HXSI	JIS C	vith	ed,
	G P	er th	ath w	nark
	NDN	. Aft	r deg	82
	ELE	TOR	afte	28
	JR A	E	OURS	E
	AL.	40	Z Z	=
	SPIT	NER	hin ;	Ë
	유	F	wit	M
	王	표	filed	0
	2	2	2	₹

31. NOV 1 5 1994

12. REGISTRAR'S SIGNATURE

	for STATE REGISTRAR		STATE OF N		D / DEPA					ENTAL HYGIEN				
7.2	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH		E22	3. TIME OF OEA	TH
	EL	EANOR	J			Y	ATE	S		NOV 1	1 1	994	1837	HRMS
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	s. last birthday		R 1 YEAR	IF UNDER		7. DATE OF BIRTH			PLACE (State or F	
	218 16 35	10	1 □ M 2 🏋 F	7	75 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-9-1919	9		yland	
_	9e. FACILITY NAME (If not in	nstitution, give stre	et end number)			9b. CIT	Y, TOWN	R LOCATI	ON OF DEA	тн	9c. COU	INTY OF D	EATH	
FUNERAL DIRECTOR	Memorial Hospital CUMBERLAND							AL	LEG.	ANY				
EC.	ton. STATE	10b. COUNTY			10c. C	TY, TOWN	OR LOCAT	TION					10d. INSIDE CIT	Y
ā	Maryland	Alle	gany		Cı	ımbe	rlan	nd	11					NO ON
AL	10e. STREET AND NUMBER						10	ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?	
띨	728 Gepha	art Dr	ive					21	502			US	SA	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.				C ORtGIN? (Specify Yes	or No—	14. RACE	- American Ind	llen,
ВУ							r dente ricent, etc.)		Speci	ffy:	,			
	.,,,	EDENT'S EDUCA	TION	100	DECEDENT	C HOUSE C		201		El Control of the Control	2-		Blac	K
	(Specify only	y highest grade co	impleted)		(Give kind of life, Do NOT	s usual ( work done use retired.)	during mo	JN ist of workii	ng	16b. KINO OF BU	SINESS/IN	DUSTRY	9.	
2	Elementary/Secondary (0	0-12)	College (1-4 or 5		Hous					TTom				
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)	<del></del> -		поиз	SMIT	<u>e</u>	18. MOT	HER'S NAM	Home E (First, Middle, Maiden				
	Ernest W.	illiam	s.Sr.					1		e Edwar	,			
BE (	19e. INFORMANT'S NAME (7				19b. MAILIN	G AOORES	S (Street o			ute Number, City or Tow		p Code)		
2	Donna Der	WS			756	Nor	th 1	Road	, Scc	ttsvill	e. N	IY 1	4546	
	20e. METHOD OF DISPOSITI		-1.4 0	20b. PLA	CE AND DAT	OF DISPO	SITION (No	me of	/	DATE 20c, LO	CATION -	City or To	wn. Stata	
	4 Donetion 5 Other	(Specify)	al from State	Roc	Ky G				eter	y Cui	mber	land	d, Mary	land
	21. SIGNATURE OF FUNERA			4		22. T	NAME A	O ADDRE	SS OF FACI	n, Inc.	220	Do 14	timoro	7
			Riley	V.		C	umbe	erla	nd, M	ld. 2150	2		rimore	AV.
	23. PART I. Entar the di shock, or h	iseases, or co eart failure. Li	mpilcations tha st only ona cau	t causad tha	death. Do	not ente	r tha mo	da of dy	ing, such	as cardiac or rasp	Iratory ar	rest,	Approxim	
	IMMEDIATE CAUSE (Fir disease or condition	nal	:A	11.	0	A	0						Onset an	
	resulting in death)	<b>→</b> a.	Mu	top	Le .	lus	elo	ma	^					
			OUE TO	(OR AS A CON	NSEOUÈNCE	OF):								
NO	Sequantially list conditi		DUE TO	(OR AS A COR	SECULENCE	DED:		_						
CERTIFICATION	if any, leading to imme- cause. Entar UNDERLYI		552.10	(011 NO X 001	ISLOULINGE	J. J.							İ	
임	CAUSE (Disease or Inju that initiated avants	iry C.	DUE TO	(OR AS A COR	NSEQUENCE	DF):								-
E	resulting in death) LAS	T d												
	DADT II Oak al- iffic													
AL	PART II. Other significa	int conditions	7 Terry	death but n	ot rasulting	in tha u	ndariyin	g causa (	given in P	art I. 24a, WAS AN PERFOR		24b	WERE AUTOPSY F AWAILABLE PRIOR	170
ă	Corona	M A	1) erg		vico	~				1 YES 2	NO		OF OEATH?	CAUSE
Σ								/					1 🗌 YES 2 🗂	NO
PHYSICIAN: MEDIC	DID TOBACCO U	7	BUTE TO CA					UNC	ERTAIN					
2	EXAMINER?	The second	IOSPITAL:		PLACE OF DE	OTHE	Dr.							-
1¥S	1 VES 2 NO	1	Inpatient 2 28s. DATE OF			· -				Other (Specify)				
		Pending	(Month, D		28b. Ti	JURY M		RK?		28d. OESCRIBE HOW I	NJURY OC	CUREO		
B	a Constitution	Investigation	28s. PLACE O	F INJURY A	t home farm					281. LOCATION (Street	and Mumba	s as Direct C	North Months	
윤		Could not ba determined	building,	atc. (Specify)			tory, orne		Ι.	City or Town, State)		r or norm r	NODIO NUMBON,	
9	290. CERTIFIER	TEVING PHYSICI	N: To the heat of	en lenevis de										
COMPLETED										o the ceuse(s) and med me, date end place, er			) and manner c=	ntated
	296. SIGNATURE AND TITLE		A			, with his								
8	THE STATE OF THE S	1 xa	/						865	EK	29d. DAT	E SIGNEO	(Month, Day, Year)	. /
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETEO CAUS	SE OF OEATH	(TEM 27) (Tve	e, Print)						1/ -	177	7
	DR R BA	ARRERA	MEMO	RIAL	HOSP	ITAL	MED	) BL	DG C	UMB MD	21	502		



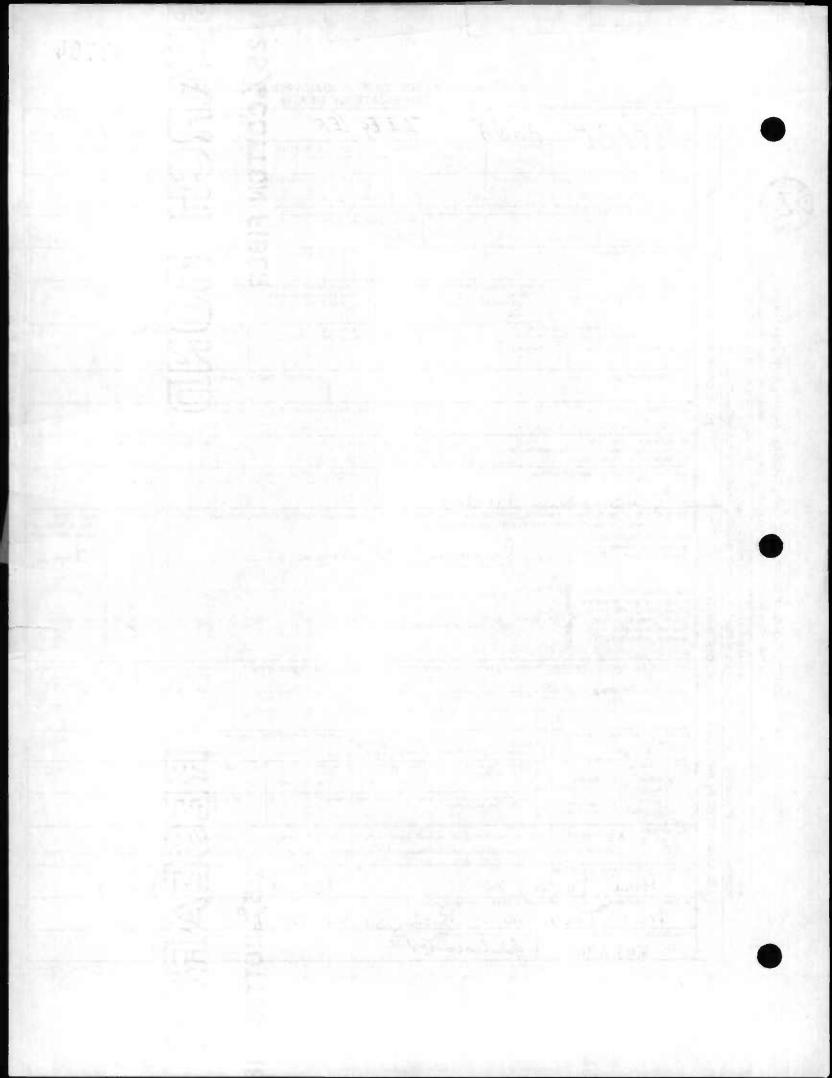
DIVISION OF VITAL RECORDS, P.O. BOX 68760.  BALTIMORE, MARYLAND 21215-0020  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2, 3 should be filled at once.	1215-0020	or attending physician.	r use as the burial-transit permit. Pages 1, 2, 3 should	
IVISION OF VITAL RECORDS, P.O. BOX 68760.  3 ATENDING PHYSICIAN: The law requires that the death certificate be executed within RECTOR: After this certificate has been signed by the attending physician and completely firs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation in 28 is marked, or item 23 shows any Injury, or other traumatic event, the		hours after death. Page 6 may be retained by the hospital	illed in by the funeral director, page 5 should be detached it, or removal.	e medical examiner must be notified at once.
	VISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	ECTOR: After this certificate has been signed by the attending physician and completely its after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	n 28 is marked, or item 23 shows any injury, or other traumatic event, th

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEAT	H R	EG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) STASIA	Stasia Anna	Ziegl	Eg LER	2. DATE OF D	DEATH DAY	YEAR 920 P
4. SOCIAL SECURITY NUMBER 221-10-4425	1 🗆 M 2 💢 F	74 YRS.	F UNDER 1 YEAR   IF UNDER ONTHS DAYS HOURS	Oct. 3	r. Year)	8. BIRTHPLACE (State or Foreign Country) Pennsylvania
9a. FACILITY NAME (If not institution, give Calvert Manor Nu RESIDENCE OF DECEDENT		9	Rising Sun	ON OF DEATH	Gec. cou	il
Maryland Ceci		10c. CITY, E 1k t	TOWN OR LOCATION	72		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 287 Fair Hill Dr	ive		101. ZIP CODE 21921			S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YE IF YES, GIVE WAR OF World War	S 2 NO		F HISPANIC ORIGIN? (Sp. 1, Maxican, Puerto Rican Specify:		14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wor life. Do NOT use) Homemak	k done during most of workin attred.)	16b. KIN	D OF BUSINESS/INI	DUSTRY
17. FATHER'S NAME (First, Middle, Last)		- I o moment		ER'S NAME (First, Middle	. Maiden Surname)	
Nicholas	Hubis			Mary 1	Commence of the Commence of th	
190. INFORMANT'S NAME (Type/Print) David R. Ziegler	T		DORESS (Street and Number			
20g, METHOD OF DISPOSITION		207 F 8				21921 City or Town, State
1 🕰 Burial 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	noval from Stata	Sharps Cemetory or other	rplace) etery	19 <sup>AI</sup> 512		11, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	S. Hick	34)	22 Hame and appress Horn 103 West Elkton. N		erals, P Street	
23. PART I. Enter the diseases, or shock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Qarci	asch line.	f Vogina			Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С	S A CONSEQUENCE OF):				
resulting in death) LAST	d					
PART II. Other significant condition	ns contributing to deeth	n but not resulting in	the underlying cause g		. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	EATH (Check only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O		OTHER:  S) Nursing Home 5 - Ra	sidence 8 🗆 Other (Sp.	ecity)	
27. MANNER OF DEATH  1 ⋈ Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	ry 28b. TIME (	DF 28c. INJURY AT WORK?  M 1 YES 2		BE HOW INJURY OC	CURED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	IRY — At home, farm, stri (pecify)	et, factory, office	281. LOCATIO City or To	N (Street and Numbe wn, State)	er or Rural Route Number,
	SICIAN: To the best of my kn					nted. he cause(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE	do Mo		0-1	NSE NUMBER		TE SIGNEO (Month, Day, Year)
	HO COMPLETED CAUSE OF	PISING	SUMME B	1911	TA:	
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE donders		12		

DHMH-18 Rev 1/89



68760	
BOX	
P.O.	
RECORDS,	
OF VITAL	
DIVISION	

FO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

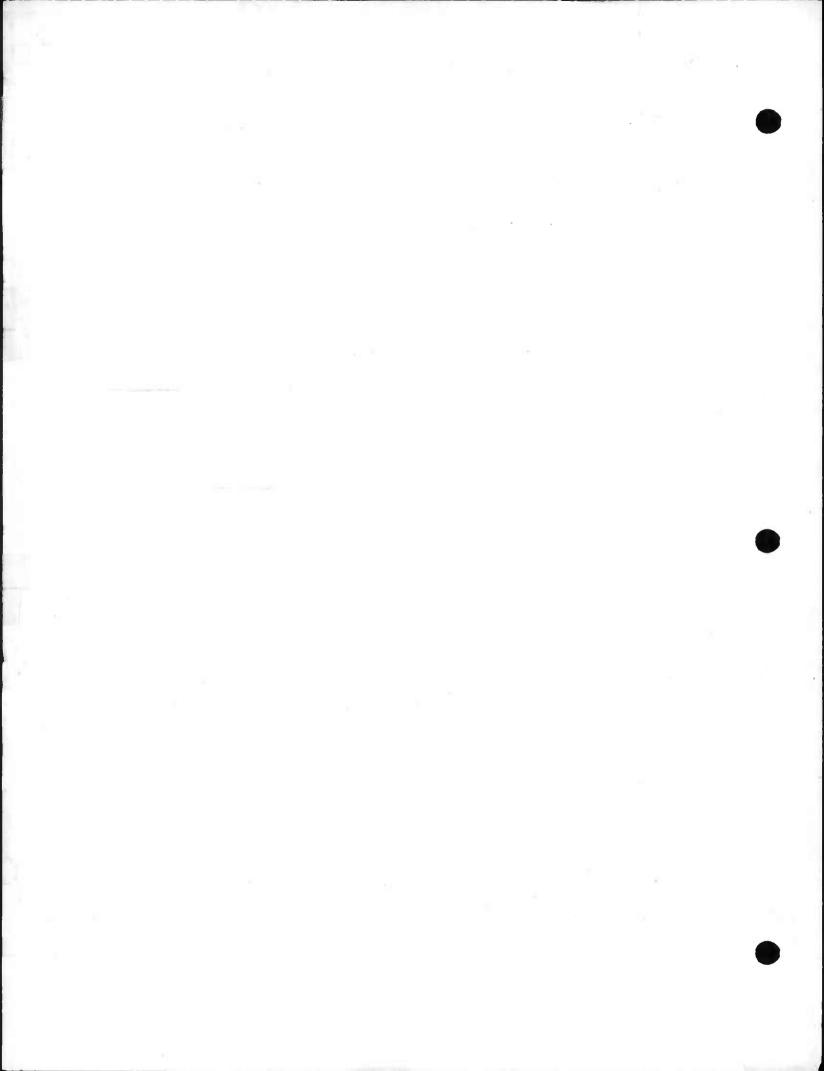
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Item#18,22 Per F.H. Film#717 11/25/94 R.M.
FOR

STATE	0F	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
		CF	ERTIFICATE	OF DEAT	TH		DEC NO

	1 - STATE REGISTRAR		CERT	FICATE	OF D	DEATH	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) KENNETH BA	RRY	ALBRECH				2. DATE OF DEATH DO NOVEMBER		YEAR	3. TIME OF DEATN
	216-38-3608	M 2 □ F	GE (In yrs. last birthdi 54 YRS	MONTHS F		IF UNDER 24 HRS.	7. DATE OF BIRTIN (Month, Dey, Year) 11-11-194		6. BIRTHPL Country)	LACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give stree 7991 SCOTTS MAN RESIDENCE OF DECEDENT					BURNI			NE A	ARUNDEL
EC	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR	LOCATIO	N			1	Od. INSIDE CITY
H	MARYLAND ANN	E ARUNDI	EL	GLEN	I BU	JRNIE			1	LIMITS?
	100. STREET AND NUMBER				10f. Z	IP CODE		10g. CITI		AT COUNTRY?
FUNERAL	7991 SCOTTS MAN	OR COURT				21061			U.S.	
B	1 Never Married 2 Married	FORCES? 1 \(\text{T}\) Y  IF YES, GIVE WAR OF 1958-1961	ES 2 NO	lf y	es, specif	ty Cuban, Mexica	IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No—	14. RACE - Black, \ Specify:	- American Indian, White, atc.
	15. DECEDENT'S EDUCAT (Specify only highest grade col	ION moleted)		T'S USUAL OCCI		of working	16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ilfe. Do NO	use retired.) ATCHE		or working	WATKIN	S MC	TOR	LINES
ON	17. FATNER'S NAME (First, Middle, Last)				_	6. MOTNER'S NA	ME (First, Middle, Maider.			
BE C	LOUIS	ALB	RECHT			LOLA	(.1	RIUDO	OL PH)	McQUAY
10 8	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Town		,	21061
-	GEMMA C. ALBREC		7991	SCOT	rs i	MANOR	COURT, G	LEN	BURN	NIE, MD.
	20s. METHOD OF DISPOSITION  1 \( \Delta \) Burlal 2 \( \Delta \) Cremation 3 \( \Delta \) Remova  4 \( \Delta \) Donation 5 \( \Delta \) Other (Specify)	I from State	20b. PLACE AND DA cemetery, crematory ORRAIN I	re of disposition of the place) PARK	ON (Name	or EMETER	11/28 20c. LO Y 1994 BAL	CATION — (	RE, N	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	2/1	,	22. NA	ME AND	ADDRESS OF FA	SINGLE	ron	FUNE	RAL HOME, BURNIE, MD
	23. PART I. Enter the diseases, or con	npilcations that cau	sed the death. D	o not enter th	e mode	A V				Approximata
	shock, or heart fallure. Lis  IMMEDIATE CAUSE (Final disease or condition rasulting in daeth)	t only ona cause or	n each iine.				of Lus			interval Between Onset and Death
-		DUE TO (OR A	AS A CONSEQUENCE	OF):			-	)		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE	OF):						
E	d									
DICAL	PART II. Other significant conditions of	ontributing to deat	h but not resultir	g in the unde	eriying c	auae given in	Part i. 24a. WAS AN PERFOR	MED?	A C	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME							_	-		YES 2 LNO
ä	DID TOBACCO USE CONTRIE	JUTE TO CAUSE	OF DEATH	YES NO		UNCERTAIN	1 🗆			
PHYSICIAN:		IOSPITAL:	26. PLACE OF D	OTHER:	y one)					
IXS	1 VES 2 NO 1	Inpetiant 2 ER/C		4 - Nursing			6 Other (Specify)			
BY PH	1 Accident   Pending	28a. OATE OF INJUF (Month, Day, Yea		INJURY	WORK		28d. DESCRIBE HOW II	NJURY OCC	UREO	
COMPLETED E	3 Suicide 6 Could not be determined	28a. PLACE OF INJU building, atc. (S	JRY — At home, fari Specify)	n, street, factory	, office		281. LOCATION (Street a City or Town, State)	nd Number	or Rurai Rou	ite Number,
7	29a. CERTIFIER (Check only	N: To the best of my kr	nowledga, death occ	urred at the time	, data an	d place, end due	to the cause(s) and man	ner es etate	od.	
Ĭ.	one) 2 MEDICAL EXAMINER:									nd manner as stated.
	291. SENTENT AND TITLE OF CERTIFIER	N .				9c. LICENSE NUN				fonth, Day, Ybar)
BE	( Chow Cerson )	TO JAA	certia Pl	Ly Crean		206	2/	<b>)</b>	1/55	104
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (7	pe, Print)	_		01 0 .		(/	
	Hettan Kersinger 31. DATE FILED (Month, Day, Year)	, 32. REGISTRAR'S SI	S 4//	018/	re	deride	14 Isals	to pr	d	21227
	NOV 25 1994	This Seriem								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD	BAESC				2. DATE OF DEATH MONTH DA	94.	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  219-30-9810  9a. FACILITY NAME (If not institution, give in the content of the conte	1 0 F	O YRS.	IF UNDER 1 YEAR HONTHS DAYS  9b. CITY, TOWN C	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Morth, pay, Year) 9 2 1 /3	Coun	RYLAND
TOR	HARBOR HOSPIT		1		LTIMORE		_	
DIRECTOR	10a. STATE 10b. COUNT MARYLAND ANN	E ARUNDEL	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 107 CASWELL AV	ENUE		101	ZIP CODE 21061		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR D. 1955-195	2 NO	If yes, sp	ENDENT OF HISPAN Helly Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No — 14. RAC Blac	E — American Indian, ik, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	retired.) DE P	of working JTY	16b. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES BAESC		COPPLISA	JAKI U	16. MOTHER'S NA	ME (First, Middle, Maiden :	Surname)	. A
TO B	JOAN BAESCH		107 C	ASWELL	AVENUE	-FERNDALI	E,MD. 2	
	20a. METHOO OF DISPOSITION    Surial 2   Cremation 3   Ram   Donation 5   Other Specify)	G.	PLACE AND DATE OF PLACE OF STATE OF STA	EN CEM		11/28 GLI	EN BURN	
	· Day	L. Kou	man	RAYMO	OND C. CRAIN H	FINK FUND WY.S.W.G	LEN BUF	ME 21061 NIE,MD.
	23. PART i. Enter the diseases of ehock, or heart fallers.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech ilne.				ratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. LARGE DUE TO (OR AS A		Lyn		A GRADE	E TV	2 m.
AL	PART ii. Other eignificent condition	ns contributing to deeth b	ut not resulting in	the underlying	ceuse given in	PERFOR	MEI/?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES   NO	1  YES 2	₩ NO	OF DEATH?  1  YES 2 NO  N/A
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	ACE OF DEATH (Chi	6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE NOW II	JURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	reet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED		ICIAN: To the best of my know ER: On the bests of exemination						a) and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE	RUJ (NT)	FRN.		AS 2441	614 - 18	D 11/2	(Morth, Day, Year)
	VAMAN S JAKR	UBETTUU, L	NTERN,	(NTERN	H MAD.	HH.C , 300	S. HA	NOVER ST LITIMORE MD-202
	NOV 2 5 1994	PRESISTRATE SIGN	ATURE LUI					

994

9c. COUNTY OF OEATH

C

- City or

Hospice

205

29d, DATE SIGNEO (Month, Day, Year)

94

110 MG

10g. CITIZEN OF WHAT COUNTRY?

S

14. RACE — American Indian Black, White, atc.

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Black

Approximata Interval Between

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE OF DEATH?

Onset and Daath

74VM H

REG NO

2. DATE OF CEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with DIRECTOR: After hours after death TO THE FUNERAL DIRECTE
be filed within 72 hours af
IMPORTANT: If Item 2:

29a, CERTIFIER

31. DATE FILED AND

BE

2

29b. SIGNATURE AND TITLE

30. NAME AND ADDRESS OF P

W

ISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OTTSCH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

NOV av a 7. DATE OF BIRTH
(Month, Day, Year)
SPOT 12 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 86-4951 1 M 2 V 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR permit. Pages 1, 2, 3 2 CEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION Ma FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 13 21216 this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Aue ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES It yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest W.I dery (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First Middle Leet) at BE notified 19a. INFORMANT'S NAME (Type/Print) ဥ be METHOD OF DISPOSITION 20c. LOCATION 20b RLACE AND DATE OF DISPOSITION (Na must 2 Cremetion 3 □ Donetion 5 □ Other (Specify) event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE \uma 0 Sm 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) 110 tor S DIVISION OF VITAL RECORDS, P.O. BOX 68760, Lummi hs or other traumatic CERTIFICATION Sequentially list conditions, (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? vomitor item 23 shows any 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER 4 | Nursi 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Realdenca 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28 is marked. 1 Natural 1 YES 2 NO ВҮ 2 Accident investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide

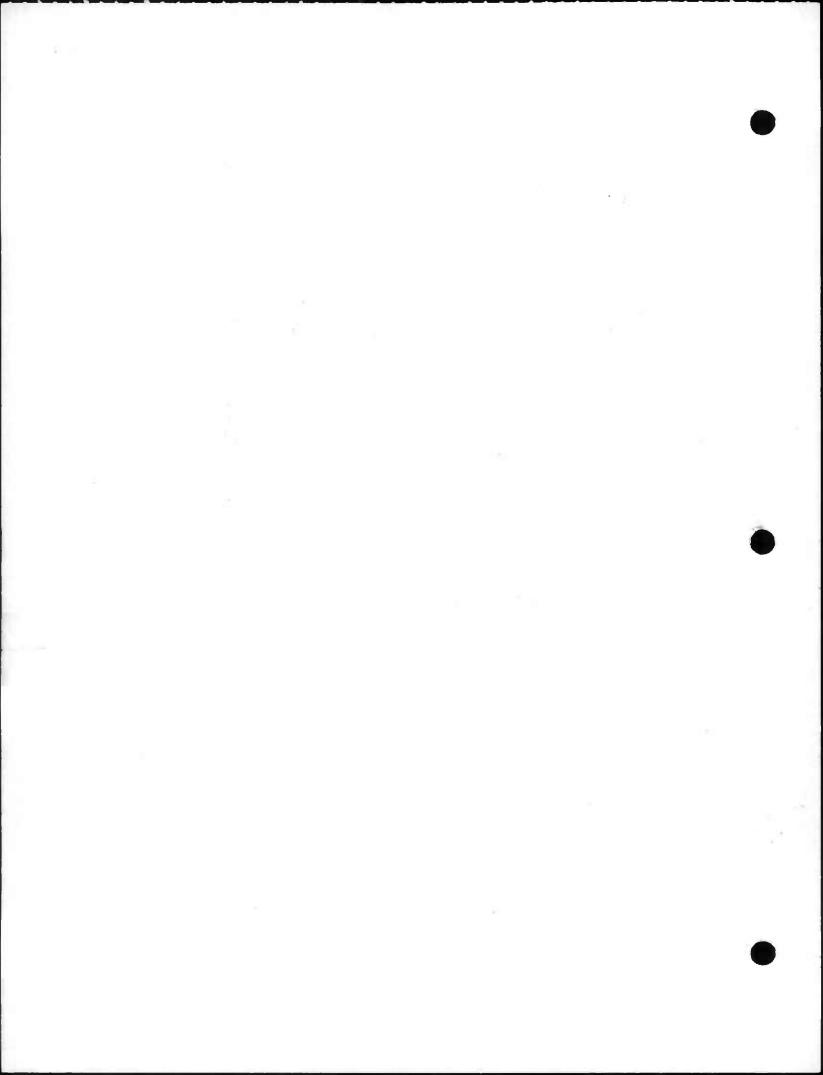
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

2 MECICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZF hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--	--

31. OATE FILEO (Month, Day,

NOV 2 5 1994

Julia Shvileon Rand

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH RUCE LOOPH ENNER 94 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 1 X M 2 1 DAYS HOURS 147-26-8378 YRS 63 January 28, 1931 New Jersey 9e. FACILITY NAME (If not institution, give street and number) 9b CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Maryland Hospital DIRECTOR Baltimore Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY INC. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Talbot County St. Michaels 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 103 Madison Avenue 21663 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 TES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5 +) Car Salesman 4 Automobile Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Edward Charles Benner Genevieve Medaska BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Carol M. Benner 103 MadisonAvenue St. Michaels, MD 21663 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2X☐ Cremetton 3 ☐ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Carroll Cremation Serv. 11/23/94 Hampstead, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or respiretory errest, Approximate ehock, or heert fellure. List only one cause on each line. Interval Retween **Onaet and Death** IMMEDIATE CAUSE (Finel disease or condition\_ ubdural weeks resulting in death) TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING **CAUSE** (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? lestension 1 - YES 2 000 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c, INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY Investigation Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and mennar as stated. THATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 6614 22/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring S Greene

21201

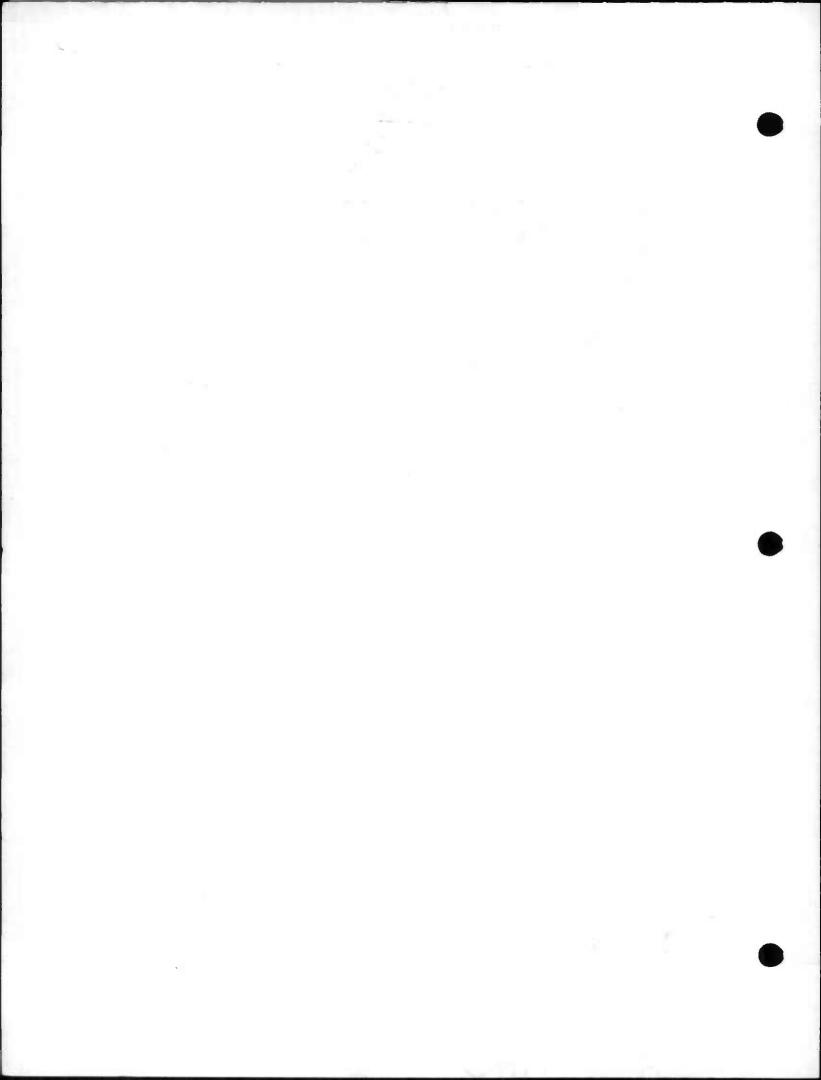
A ENTRY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital Plant Property of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT O		IENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	BAR	NICE BAROF	SKY	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 990 - 14 - 4175	1 D M 2 D F 81	YRS, last birthday) YRS,  WONTHS DA	rs Hours Min.	7. DATE OF BIRTH (Month, Day, Year) 10/01/13	
TOR	9a. FACILITY NAME (If not institution, give s	See Cice	96. CITY, TO	VN OR LOCATION OF DEA	ATH 9.	c. COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	0	10c. CITY, TOWN OR L	SCATION SAND		10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER	Lone 12. WAS DECEDENT EVER IN U	1	2 (401		09. CITIZEN OF WHAT COUNTRY?
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 ☑NO If yes	DECENDENT OF HISPANI I, apecify Cuban, Mexican YES 2 NO Specify	C ORIGIN? (Specify Yes or , Puarto Rican, etc.)	No— 14. RACE — American Indian, Black, White, atc.  Specify:
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		8a. DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)		16b. KIND OF BUSINE	SS/INOUSTRY
. 를	6		Manager		Appliance	e & Service Store
S S	17. FATHER'S NAME (First, Middle, Last)				IE (First, Middle, Maiden Surr	
BE 2	Ben (NMN	) Bayarsky		Ann		Cantorovich
examiner must be notified at once.  TO BE COM	tee. INFORMANT'S NAME (Type/Print) Helene B. Lean	os	196. MAILING ADDRESS (Str 605 Canal		oute Number, City or Town, S napolis, ]	
unst p	20a. METHOD OF DISPOSITION 1  Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. Pt cemete M.C.	ACEANDDATE OF DISPOSITION OF CREMATO	ry. Inc. 1	0ATE 20c. LOCAT	ION — City or Town, State  1 timore, MD
ě	21. SIGNATURE OF EUNERAL SERVICE LIC	STORE M. M.	32. NAM	E AND ADDRESS OF FAC	ILITY.	retmore, in
	George E.		299	Frederic	ek Road E	Md., Inc. Balto., MD 2122
event, the medical	23. PART I. Enter the diseases, or on shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Examplications that caused the List only one cause on each a.  DUE TO (OR AS A CO	nachns		as cerdiec or respirate	Ory arrest, Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO		910		
ž Ö	PART II. Other significent condition	1				
snows any inju	nemaron	4 recur	not resulting in the under	PF Ford	Pert i 24a. WAS AN AUT PERFORMEI 1 YES 2	D? AMILABLE PRIOR TO COMPLETION OF CAUSE
AN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF DEATH	YES NO		m
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	3. PLACE OF DEATH (Chec		
14S	1 YES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   ER/Outpatie		Home 5 Residence 6		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	INJURY AT WORK?	28d. OEŞCRIBE HOW INJU	RY OCCURED
ED 3	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, straet, factory,		281. LOCATION (Street and a City or Town, State)	Number or Rural Route Number,
IT ITOM Z	one)	CIAN: To the best of my knowled				r as stated. us to the cause(s) and manner as stated,
TO BE CO	29b SIGNATURE AND TITLE OF CERTIFIED	ull		29c. LICENSE NUME	29 29	Pd. DATE SHOWEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHE	hillipmo	1835 Roce	Dr. S-	P, Anna	1041 Egm ang
	NUV 2 5 1994	32. REGISTRAR'S SIGNATU	II.			



DHMH-16 Rev 1/89

-	
0	•
$\alpha$	
-	
-005	
0	
10	-
4/	
AND 21215	- 1
$\sim$	
T	
CA	
	- 2
$\cap$	- 1
Z	
•	
- 1	:
MARYL	Comment of the contract of the contract of
>	J
-	
Œ	- 7
-	- 1
9	
1	- 1
~	-
_	
R,	- 2
ш	
-	- 1
ш.	
_	
<b>U</b>	•
	1
2	- !
_	è
_	-
_	- 3
_	- 3
Q.	4
<b>BALTIMORE</b> ,	- Walter
	- 3
	- 4

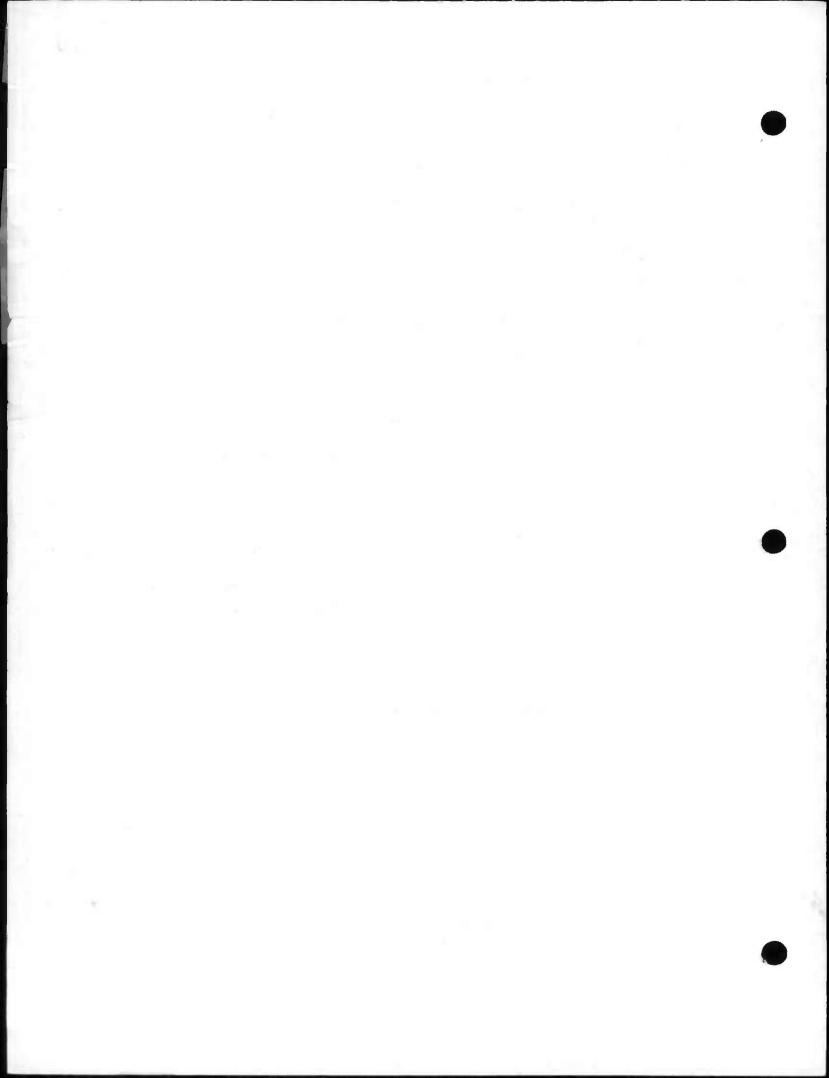
	7
_	
0	-
စ	-
_	1
8	- 1
w	
×	
BOX 6	4.4
m	1
_	1
~	911
0	
n'	
_	1
ທົ	i
닏	-
Œ	1
0	4
RECORD	1
ĭĭi	-
~	
_	
_	The last section of the state of the state
ď	-
$\vdash$	ŕ
VITAL	÷
>	3
la.	THE POST OF THE PARTY OF THE PA
$\overline{}$	3
	2
7	ì
$\overline{\sim}$	3
$\overline{\mathcal{L}}$	ġ
(A)	î
	1
>	1
DIVISION	6
_	
	100001
	Š
	Š
	-
	ı

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH riga as P arren 11 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Dev. Year)
Feb. 04,1937 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212-32-922 57 DAYS HOURS Penn. YRS. bunial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? baltimore Maryland Baltimore 1 TES 2 X NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 353 Wye Road 21221 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 □ YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married В use as the 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION

Work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Maintenance/ 10 Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached yrs. Carpenter Misc. Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname George "Unknown" Briggs notified at Mildred Isabelle Hall BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9 Doris M. Schmidt 353 Wye Road Baltimore, MD 21221 pe 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must filled in by the funeral director, metro Crematory, Inc. 11/25/94 4 Donation 5 Other (Specify) Baltimore, MD Dawn F. McDonald examiner 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. <u> 199 Frederick Rd. Baltimore.</u> or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feilure. List only one cause on each line. interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death cremation, the rator disease or condition\_ completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burfal, signed by the attending physician and Health and Mental Hygiene prior to bur CERTIFICATION Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING ON DUE TO (OF AS A CONSEQUENCE OF) CAUSE (Disesse or injury other that initisted events resulting in deeth) LAST 9 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? any 1 TYES 2 NO 1 | YES 2 | NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h h with the State ( Item SPITAL OTHER: 1 - YES 2 -Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Homa 5 - Rasidenca 8 - Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO L DIRECTOR: After the hours after death w BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 200 4 Homicide determined Hem 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 8 TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 22 0 0 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 V JAE 1900 Z Green 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV2 5 1994

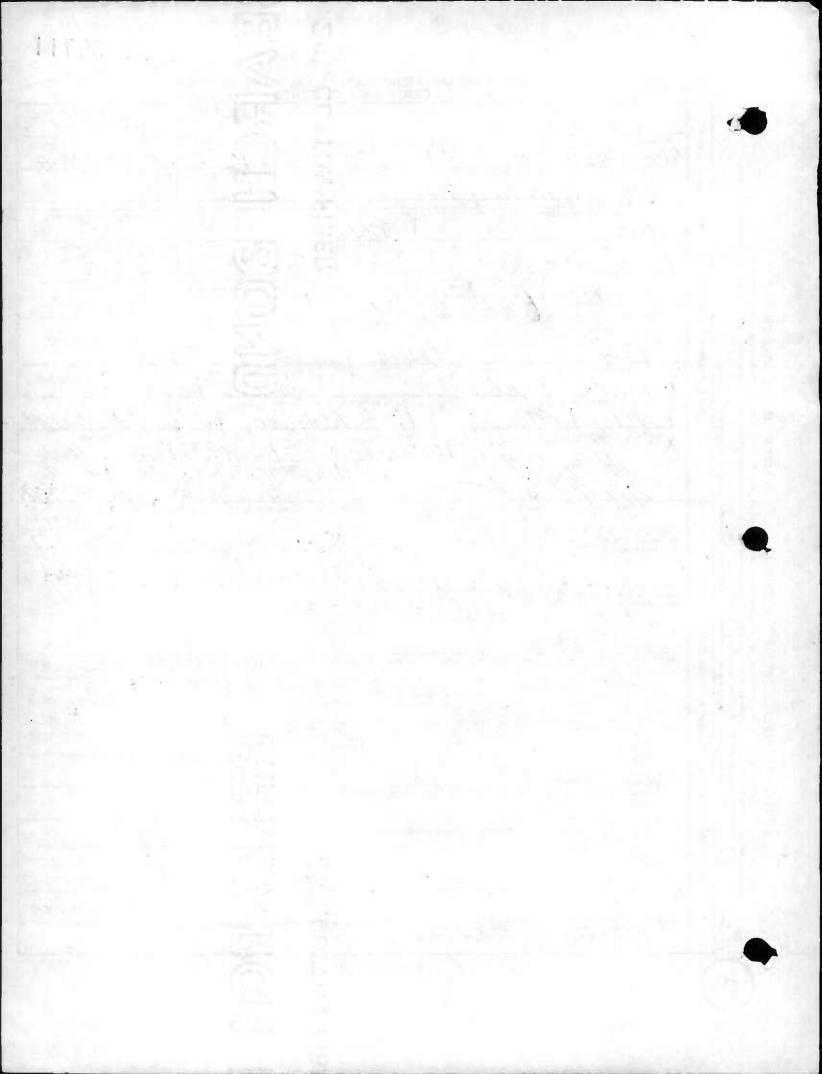




		-	
		this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, is with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	
		Hit.	
		sit pe	
_	ician.	al-tran	
707	phys	pnng	
2	ending	as the	
7	or att	use use	
2	spital	of ba	
Y	he ho	detact	
7	1 by t	P P	
Ĭ	etaine	shoul	
DALLIMORE, MARTLAND ZIZIS-UUZU	/ be n	age 5	
ב	6 may	ctor, p	
Σ	Page	al dire	
7	feath.	funer.	
0	after	noval.	
	Suno	d in t	
1		ation.	
000	WITH	nplete	
000	cuted	nd con	
<	De ex	or to	
0	ficate	physic ne pri	
9	certi	Hygie	
ń	death	e atte	
5	at the	by th	
2	ires th	signed	
	requi	of H	
OF VITAL RECORDS, P.O. DOA 507 507	PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely wild in by the funer, with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	
	AN: T	ifficate State	
1	IYSICI,	is cert	
-	F	€ ₹	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

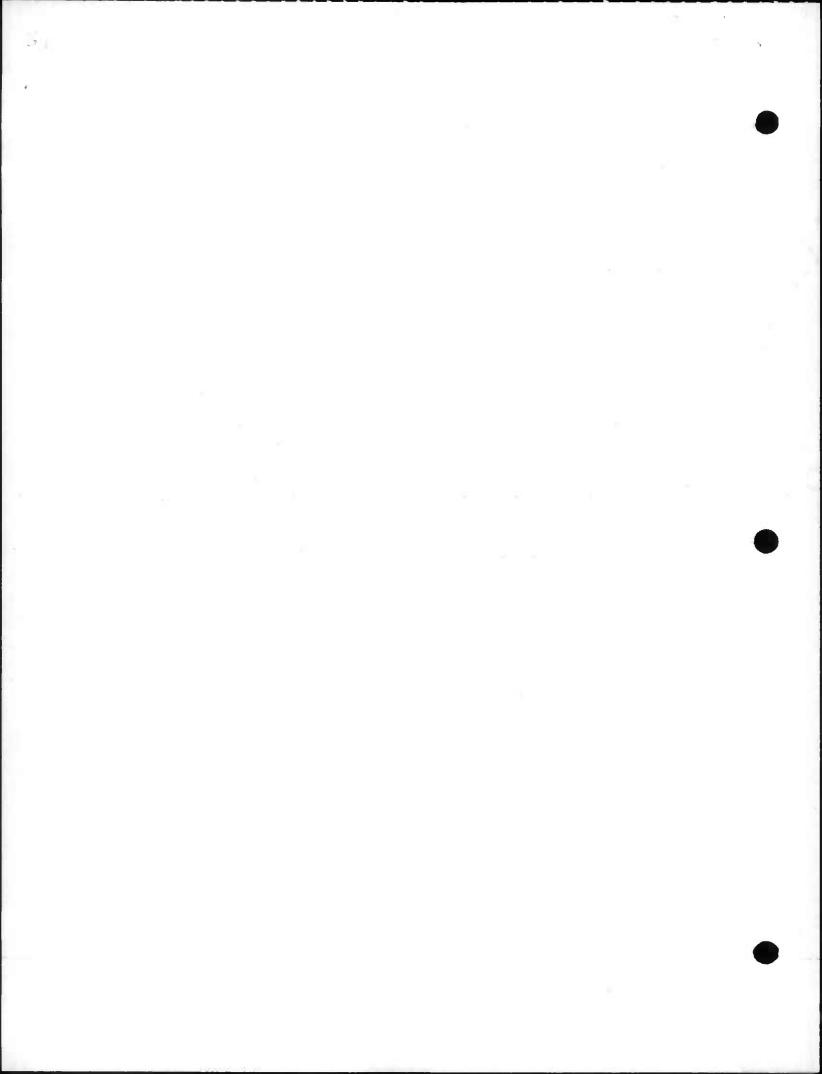
	1. DECEDENT'S NAME (First, Middle, Last)  Ben Jam, 'n	Bunch	JR.	* d		2. DATE OF DEATH	DAY YEA	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	YRS. MC	F UNDER 1 YEAR DAYS D. CITY, TOWN O	F UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE OF BIRTH (Mostb. Day, Year)		HTTHPLACE (State of State)
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	2 HOGPIN	# <u>/</u>	OWN OR LOCAT	MITIM	PRB_	74.2	
	104. STREET AND NUMBER 0		7	ALTIN	APP CODE	. 4.	10g. CITIZEN,	10d. INSIDE CLIMITS? 1 YES 2 OF WHAT COUNTRY
FUNERAL	1f. MARITAL STATUS  1 Never Married 2 1 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS OEC	212; ENDENT OF NISPAR BOTHY Cuben, Maxica	29 IIC ORIGIN? (Specify Yon, Puerto Rican, stc.)		AACE — American II Black, White, etc.
ED BY	3 Wildowed 4 Diverced  15. DECEDENT'S EDUC. (Specify only highest grade or	F YES GIVE WAR OR DA	10 /2-/9-44 10 DECEDENT'S US (Give kind of work	1 TYES	2 NO Specifi	y:	USINESS/INDUSTR	Black
COMPLET	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	PANE	OPER	ATOR	ME (First, Middle, Majde	1661	-
TO BE CO	PEA TAMIN P	runch	19b. MAILINO AC	OORESS (Street	(9RA	CIB VIII	169	»)
T	20a, METHOD OF DISPOSITION 1 Burlal 2 Crampton 3 Remov	ral from State	PLACE AND DATE OF E	SEPOSITION IN	MAG 61	DAM 20c. 1	OCATION - City of	or Town, State
	4 Donation 5 Diner (Specify)  21. SIGNATURE OF PARERAL SERVICE LICE	1992	-		D ADDRESS ON	14/19/14 14/19/14	LIMO VERA	FEME
ATION	s.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Hoya	CONSEQUENCE OF):  CONSEQUENCE OF):  Peral	live fa	failur.	e	gul_	
RTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					-
EDICAL CERTIFIC	CAUSE (Disease or injury thet initiated events			the underlying	g cause given in	PERF	AN AUTOPSY ORMED?	AMAILABLE PRI COMPLETION ( OF GEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to deeth b	ut not resulting in	Lepin 26. PL OTHER:	ACE OF OEATN (Ch	PERFO	ORMED?	AMAILABLE PRI COMPLETION ( OF CEATH?
MEDICAL CERTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	Contributing to deeth be to be	etlent 3 DOA 4	26. PL YTHER:   Mursing Horn OF 28c. INJ Y WO M 1   1	ACE OF OEATN (Chee 5   Residence URY AT RK?  /ES 2   NO	PERF- 1 YES  1 YES  Cock only one)  6 Other (Specify)  28d. DESCRIBE HOW	ORMED? 2 1 WO VINJURY OCCURE	AMALABLE PRIN COMPLETION ( OF OEATH?  1  YES 2
TED BY PHYSICIAN: MEDICAL CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	Contributing to deeth be to be a contributing to deeth be to be a contribution of the	etlent 3 DOA 4  28b. TIME C INJUR  — At home, farm, stre	28. PL THER: Nursing Horn OF Y M 1 1 1	ACE OF OEATN (Ch to 5   Rasidenca URY AT RK? YES 2   NO	PERF  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	V INJURY OCCURE	AMALABLE PRIN COMPLETION ( OF GEATHY  1  YES 2
TED BY PHYSICIAN: MEDICAL CERTIFIC	CAUSE (Disease or Injury thet Initiated events reaulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation Investigation and Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:	Contributing to deeth be with the second of	etlent 3 DOA 4  28b. TIME C INJUR  — At home, farm, stre	28. PL TTHER: Nursing Horm OF 28c. INJ WO M 1 1 1	ACE OF OEATN (Che 5 G Residence URY AT PRK? YES 2 NO a and place, and due eath occured at the	PERF- 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  1 to the cause(s) and m. Hma, data and place,	2 HNO 2 HNO	AMALABLE PRI COMPLETION OF COATH?  1 VES 2  D  D  unal Route Number,
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER Check only	Contributing to deeth be to be	etient 3 DOA 4  28b. TIME C INJUR  At home, farm, streetly)  edge, death occurred in and/or investigation, in and/or investigation in and/or	28. PL THER: Nursing Hom Nursi	ACE OF OEATN (Chie 5   Residence URY AT PKY YES 2   NO a and place, and due eath occured at the 29c. LICENSE NUI	PERF- 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  1 to the cause(s) and m. Hma, data and place,	V INJURY OCCURE of and Number or Richard due to the cau	1  YES 2 {



	,
<u> </u>	
8	
$\overline{}$	
8	
Ö	
_	
×	
0	
<b>BOX</b> 68760	
4	
~	
$\cup$	
P.O.	
щ,	
97	
$\alpha$	
$\overline{\cap}$	
$\sim$	
U	
RECORDS,	
$\alpha$	
OF VITAL	
4	
<u>_</u>	
4	
$\circ$	
_	
Z	
0	
=	
S	
=	
_	
NOISINI	

		2	1
TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	BE COMP	2
l examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PORTANT: If I	≥
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should https: State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	THE FUNERAL I	2 2
ar death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL	2
DAL INCIDE, INCIDENCE LE 13-0250			

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT O	F HEALTH	AND A		GIENE G. NO.		•			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DEATH			
		ricia Cowan					NOV.	22	1994	9:00 P M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		R 24 HRS.	7, DATE OF BIR (Month, Day,	Year)	Count	IPLACE (State or Foreign			
	077-12-8731	1 M 2 F	73 YRS.				Dec. 12	2, 1920	New	York			
œ	9e. FACILITY NAME (If not institution, give	•		1	VN OR LOCAT	ION OF DE	ATH		UNTY OF D				
DIRECTOR	3825 Southern Cross Drive Baltimore Baltimore												
H.	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY LIMITS?			
		ltimore	I	Baltimo	re		_		1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER	D .			101. ZIP COI		0.7		WHAT COUNTRY?				
NE	3825 Southern Cr	OSS Drive 12. WAS DECEDENT EVER I	NII C ADMED	10 11110		212			7	ed States			
F	1 Never Merried 2 Merried		2 NO	If ye		en, Mexicer	IC ORIGIN? (Spe n, Puerto Rican, o		Blac	E — Americen Indien, k, White, etc.			
ВХ	3 Widowed 4 Divorced	II TES, GIVE WAR ON E	AICS	'"	TES Z LALNU	эреспу.	:		Spec	"Y".White			
ED I	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done durin	ATION most of work	ing	16b. KIND	OF BUSINESS/II	DUSTRY				
ا بر	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT u	,				77					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	3 years	Hous	sewife	1 40 140			Home					
	John Devaney				18. MO		ME (First, Middle, en McAn						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Sti	eet and Numbe		loute Number, City		(ip Code)				
2	Mr. Fred J. Cowa	n								ID 21207			
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Reg		. PLACE AND DATE	OF DISPOSITIO	Name of			20c. LOCATION -					
	4 Donation 5 Other (Specify)		MD Veter					Garrisc	arrison, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		Lor:	ing By	ess of FAC	жытү Funeral	Directors, Inc.					
	James	-15 Cor	rely	872	3 Libe	rty I	Road R	andalls	town	, MD 21133			
	23. PART I. Enter the diseases, or	complications that cause. List only one cause on e	d the death. Do	not enter tha	moda of d	ying, auch	as cardiac o	r respiratory a	rrest,	Approximata interval Between			
	IMMEDIATE CAUSE (Final									Onset and Death			
	disease or condition a. Acute cerebral infaction												
_		DUE TO (OR AS	A CONSCOUENCE C	r-):									
6	Sequantially flat conditions, if any, leading to immediata Due to (or as a consequence of):												
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	C											
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	<b>F</b> ):									
CERTIFICATION	Tosoling in destil) CAST	d											
- 11	PART II. Other aignificant condition	ona contributing to death I	out not reaulting	in the under	ying causa	givan in I		MAS AN AUTOPS	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
200		Hypertension					- 1	YES 2-1 NO		COMPLETION OF CAUSE OF DEATH?			
ME							_			1 - YES 2 NO			
ä	DID TOBACCO USE CONT	TRIBUTE TO CAUSE C				CERTAIN	1 🔯						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1 NO	HOSPITAL:	26. PLACE OF DEA	OTHER:	- 4								
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 L DOA		Home 5 5	lesidence	8 Other (Spec	HOW INJURY O	CCURED				
ВУ Р	Netural 5 Pending	(Month, Day, Year)		JURY	WORK? YES 2	□ NO			0001125				
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spe	f — At home, ferm,	street, factory,	office		281. LOCATION	(Street and Numb	er or Rural I	Route Number,			
	4 Homicide determined		Oily/				City or Town	i, 3iaie)					
Z		SICIAN: To the best of my know	vledge, death occurr	ed at the time,	date end piec	e, end due	to the ceuse(e) e	end menner ee at	ated.				
COMPLETED	one) 2 MEDICAL EXAMIN	IER: On the basis of exemination	on end/or investigation	on, in my opinio	n, death occi	ured at the (	fime, date end pi	lece, end due to	the couse(e	e) end menner ee stated.			
w II	29b. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month,											
10 B	3	2			1	7375	73	•	11/5	3/94			
	30. NAME AND ADDRESS OF W	MD 7220	Pak	Height:	Au	e n	Saltma	e MD	7/7	08			
	31. DATE FILED (Months 1994	The STATE OF THE STATE OF	dall										
	MAN A C 100 .		- 1										

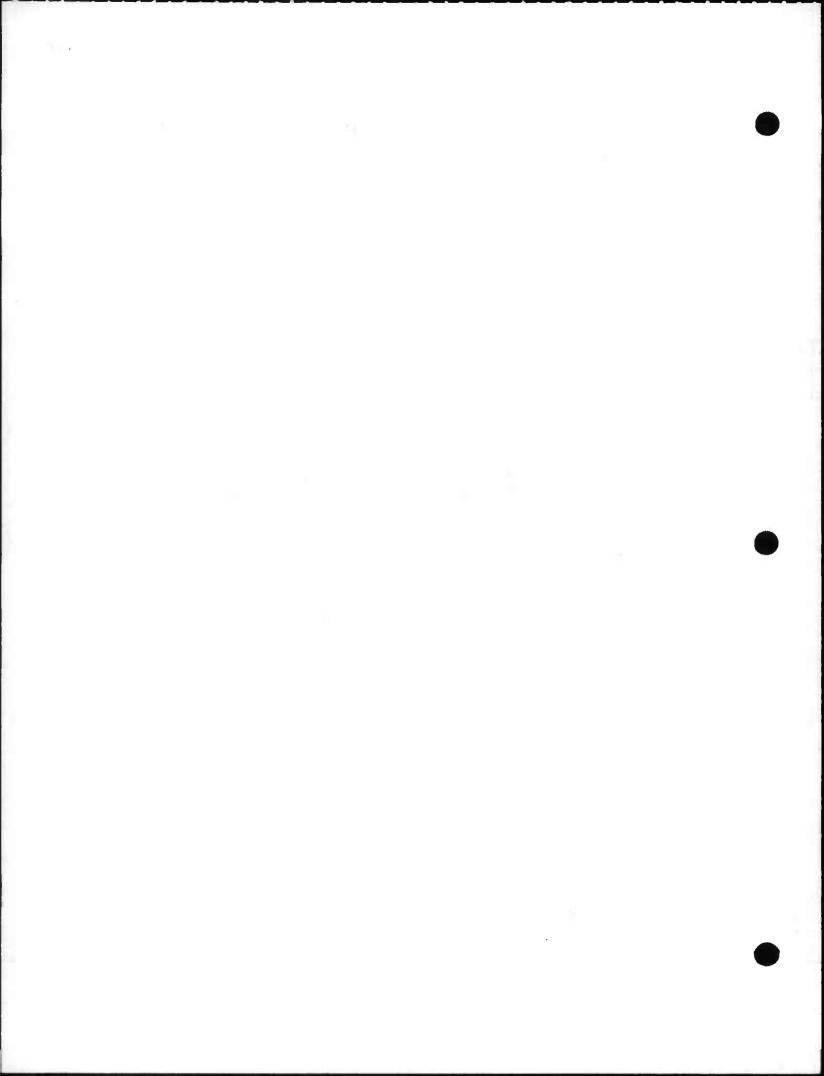


**MORE, MARYLAND 21215-0020** 

BALTIN	
	- 1
_	
_	
_1	
-	
ar .	
-	
nn	
_	
	-
_	
	a
	п
	•
	10
	3
_	
ഥ	
h	
-	
CO .	
ω.	
~	
$\sim$	
$\overline{}$	
$\cup$	
_	
	- 4
_	- 1
ч.	
-	
ш.	
-	
PA.	
U)	
_	
_	1
-	
ш.	
_	
$\overline{}$	13
$\overline{}$	
7 %	
$\smile$	
ш.	
-	
ш.	
_	
-	
ч.	
_	ī
_	
_	
Street, or other Persons	4
_	4
	- 7
	- 4
=	- 1
$\neg$	÷
_	Ġ
	-
~	
	-
_	- 2
	1
_	- 5
-	4
מי	ļ
	- 2
_	- 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760	The Assessment Control of the Contro
_	-
_	è
_	
_	
	2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

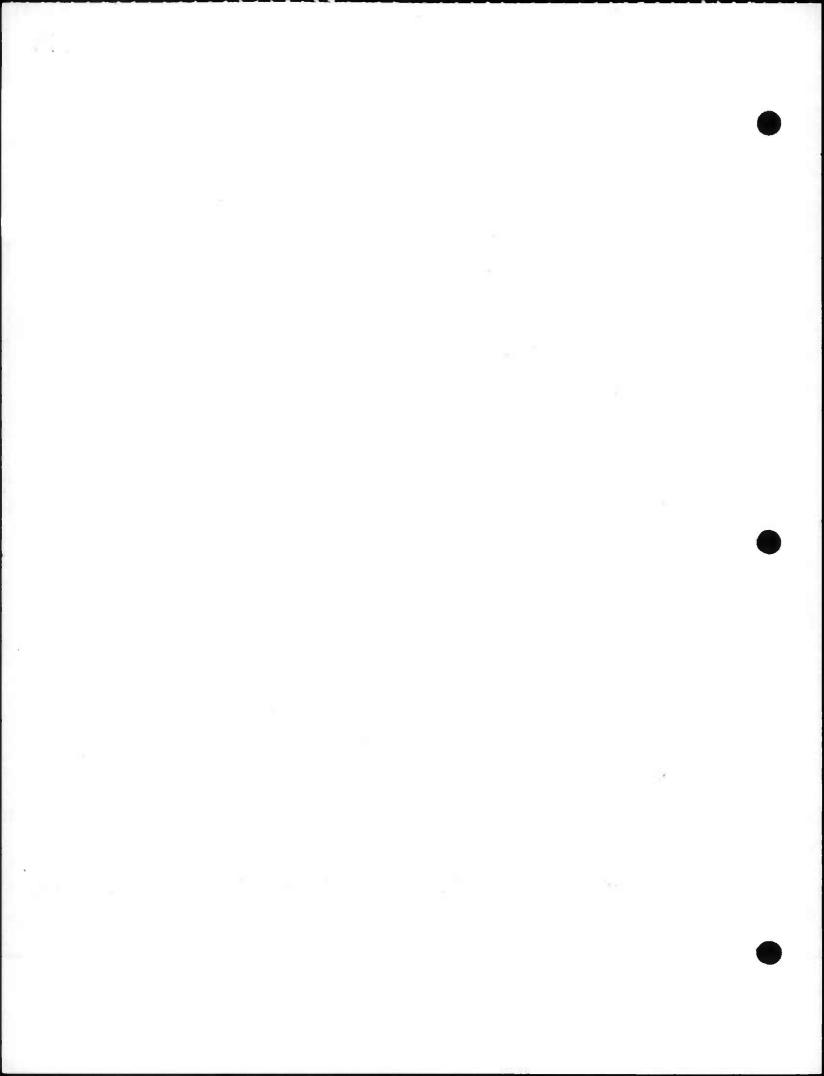
		Doris	CAMPANA						November 23 1994 11:55					тр м
		4. SOCIAL SECURITY NUMBER				IF UNDER 1		IF UNDER 24 HRS.	7. DATE				ACE (State or For	F
D		163-30-6954	1 🗆 M 2 📈 F	58	YRS.	MONTHS	DAYS	HOURS MIN.		1-04-3	6	Country)	A	
2, 3 should	~	9a. FACILITY NAME (If not institution, give s						R LOCATION OF D	DEATH		9c. COUN	TY OF DEA		
2,3	6	Franklin Square Hospital Rossville Baltimore												
t. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY	Baccada La								Od. INSIDE CITY LIMITS?  YES 2 1	NO NO		
nsit permi	FUNERAL	7400 South Rd.		101, ZIP CODE 10g, CITIZEN OF WHAT CO										
by the hospital or attending physician.  be detached for use as the burial-transit permit. Pages 1,  at once.	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. A	S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— II yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 VES 2 No Specify: White								- American India: White, etc.	n,	
J or attending or use as the	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		- (	ECEDENT'S I Give kind of w le. Do NOT us	ork done di			168	. KIND OF BUS	SINESS/INDU	ISTRY		
the hospital detached fo	MPL	17. FATHER'S NAME (First, Middle, Last)	O Homemaker											
	TO BE CO	Leon DeLauter	Sr.	16. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Unk.										
be retained ge 5 should e notified		19a. INFORMANT'S NAME (Type/Print) Thomas Campan				ad Number or Aural			n, State, Zip ( 2123					
6 may stor, pa		Burdal 2 Cremation 3 Removal from Stata cemetery, crematory or other place)									CATION — C		, Stata	
death. Page e funeral directl.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Mt. Rose Cemetery 11-28-94 York, PA  22. NAME AND ADDRESS OF FACILITY  CVach/Rosedale Funeral Home												
after death.  by the funera moval.  cal examil		1211 Chasaco Ave.  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete												
D D D E		Approximete interval allegases, or complications that-caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory errest, shock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fined disease or condition resulting in deeth)  Due to (or as a consequence of):											tween Death	
death certificate be executed within 24 attending physician and completely filler ental Hygiene prior to burial, cremation, ry, or other traumatic event, the	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
that the ced by the h and Me	MEDICAL C										ERE AUTOPSY FIN AILABLE PRIOR TO OMPLETION OF CA F DEATH?	O		
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN IN										0		
L: The Is cate has state De Item 2:	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	OTHER:	nly one)							=
SICIAN certific the S	HYS	1 TYES 2 NO  27. MANNER OF DEATH	1 X Inpatient 2 ER/Outp	patient	3 DOA		ng Home	5 Rasidenca	7	r (Specify)	NJURY OCCI	JRED		_
ING PHY ifter this eath with	ВУ Р	12 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU	JRY M	1 🗌 Y	RK? ES 2 NO						
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23:	TED	3 Suicide 6 Could not be 4 Homtcide datarmined	28e. PLACE OF INJURY building, etc. (Spec	r — At h	ome, lerm, st	reet, facto	ry, office			ATION (Street a or Town, State)	and Number o	r Rural Rou	te Number,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23	COMPLET		CIAN: To the beat of my know R: On the beals of examination										nd manner as sta	ited.
TO THE HO TO THE FU Be filed wit	BE	29b. SIGNATURE AND TITLE OF CERTIFIED	i M	D-	_			D 43				SIGNED (M	3/94.	
	5	30. NAME AND ADDRESS OF PERSON WHO Nabil Kadi MD 9					, ,		. 1/	1	0100-	,		$\neg$
	5	31 DATE Ell ED (Month One Your)	000 Franklin	ATHE	uare.	DIJA	; , B	alcimor	e Mai	yrand	21237			
	/	NUVZ 2 1994 July	a hucher Renda	Ц										



FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		ICATE C			IVILIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O MONTH							H DAY YEAR 3. TIME OF DEATH			
	James	P.		Coker					November 21, 199			M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA	R IF UNDE	F UNDER 24 HRS. 7. DATE OF B			E OF BIRTH 8. BIRT		PLACE (State or Foreign	
DIRECTOR	248-68-2368	1 🔀 M 2 🗆 F	52	YRS.	MONTHS DAY	HOURS	MIN.	No	onth, Day, Year) V - 7 - 1	942	Countr	γ)	
	9a. FACILITY NAME (if not institution, give s	treet and number)			9b. CITY, TOV	N OR LOCAT	ION OF D		V		INTY OF D	EATH	
	1628 Doolittle Ro	nad Ant	. н		F	sex						n/a	
	RESIDENCE OF DECEDENT										11/ W		
2	10a. STATE 10b. COUNTY				Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?	
	MD	n/a		E	ssex							1 YES 2X NO	
¥	10e. STREET AND NUMBER					10f. ZIP COL				10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
E I	1628 Doolittle Ro					2122				U.S.A.			
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED IO	13. WAS	Specify Cub	OF HISPA en, Maxic	NIC OR	GIN? (Specify Year to Rican, etc.)	or No-	14. RACE Black	— American Indian, t, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 '	ES 2 X NO	Speci	y.			fy:		
	15. DECEDENT'S EDUC	CATION	18a DE	CEDENT'S	USUAL OCCUP	ATION			16b. KIND OF BUS	CIMECO (IN)	OUCTON	Black	
	(Specify only highest grade Elementary/Secondery (0-12)	completed)	(Gi	ve kind of	work done during se retired.)	most of work	ing	- 1					
2	9th	College (1-4 or 5 + N/A	•)	Dai	nter				Paintin	g co	mpany	?	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	14/11		rai	iicer	18 MO	HER'S N	AME (Fir	st, Middle, Maiden	Sumamal			
C	James Coker									out manney			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Stre				liams umber, City or Tow	n State 7i	n Code)		
2	Karen Green		1						ille, M			00705	
1	20a. METHOD OF DISPOSITION		20h DI ACE A	NDDATE	OF DISPOSITION	/Mama of			ATE 200 10	CATION	City or To		
ł	1 X Burial 2 Cremation 3 Rame 4 Donation 8 Other (Specify)	oval from State	Voshe	netory or o	emorial	Gard	one	11	/26 Dun	dalk	MI		
	1X Burlal 2 Cremation 3 Ramoval from State 4 Donation 8 Other (Specify)  Voshell Memorial Gardens 11/26 Dundalk, MD  21. SIGNATURE OF FUNEBAL-SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY March F/H East												
	No. of	to Kil	Jana										
$\dashv$	23. PART I. Entar the diseases, or o	complications the	Mused the de	oth Do	11101	E. N	orth	Av	enue/Ba	ltime	ore,	MD 21202	
	shock, or heart fallura.	List only ona cau	se on aech lina		iot anter tha	inoua or uj	ning, suc	an as C	ardiac or respi	natory ar	rast,	Approximata Intarval Batwean	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A CONSEQUENCE OF:  DUE TO (OR AS A CONSEQUENCE OF:												
ł	resulting in death)	a. PUE TO	CORAS A CONSEC	TO O	Lung	CON	Cly						
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
¥	if any, laading to immediata cause. Entar UNDERLYING	-											
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):								
H	resulting in death) LAST	d											
ᄀ	PART il. Other significant condition	s contributing to	death but not re	eultino	In the underly	dno ceuse	oluen in	Dort I	24- 480 44	ALITORAL	1	WEEK ALTERNATION	
EDICAL	- January - Janu	- continuating to	daatii but iiot ii	sauting	in the underly	ing causa	givan in	Parti	24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
									1 TYES 2	□ NO		DF DEATH?	
Σ	DID TOP ACCOUNT CONTI	DIDLITE TO CA	UCE OF DEAT	FLL V	c El No				ł			1 TYES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTE	CIBUIE IO CA			TH (Check only o		LEKIAI	NЦ					
<u> </u>	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:								
Ĭ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	4 Nursing F	INJURY AT	asidence	_	ther (Specify) DESCRIBE HOW II	HILIBY OC	CHIBED		
	1 Natural 5 Pending	(Month, De	ay, Year)		URY	WORK?	NO.	200,1	DESCRIBE HOW I	NJUNY OC	CURED		
B	2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE O	F INJURY — At hor	ne. ferm.				281 1	OCATION (Street o	and Mumba	e oe Pumi D	Inute Alumbus	
COMPLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)	,	,, .				ity or Town, State)	ind Number	or noral n	oute Number,	
9 1	29a. CERTIFIER								-177				
₩ W	(Check only												
8			tamination and/or ii	rvestigatio	in, in my opinio	n, death occu	red at the	time, d	ate and place, an	d due to ti	he ceuse(a)	and manner ea atated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIER	1440			29c. LIC	ENSE NU	MBER	7	29d. DAT	E SIGNED	(Month, Day, Year)		
ှို	Lamon	Xus	MILL DE	27		<u> </u>	45	45	>	1	100/	2, 174	
	30. NAME AND ADDRESS OF PERSON WHO	J COMPLETED CAUS	E OF DEATH (ITEN	27) Type,	Print)	~	•					1	
	31 DATE FILED (Month One Year)	224 PEGISTRA	DIC CONATION	_	0 =								
	NOV 2 5 1994	he diametro	R'S DGNATUBE										
	110000000000000000000000000000000000000												



o.
200
1
8
9
BOX 68760
$\tilde{a}$
$\approx$
ш
P.O.
Q
O.
-
S
0
~
=
Q
RECORDS,
ш
Œ
VITAL
7
$\geq$
>
LL.
OF
_
Z
0
=
VISIO
7

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most part of the retained by the hisperian.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
- 8	1. DECEDENT'S NAME (First, Middle, Last)	,	01		2.	DATE OF DEATH	AY YEAR	3. TIME OF DEATH					
P	LOPETTA			APMA		11 2	3 94	6 07:70 W					
9		MONTHS DAYS HOURS MIN. (Month, Day, War)											
	9e. FACILITY NAME (If not institution, give street		Tho.	9h CITY TOWN O	R LOCATION OF DEATH	DEC. 8,1906 BALTO., MD							
B	ST. AGNES HOSPITAL	- III SC-JC-				ů.	SC. COOKITY OF	PUEAIR					
5	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND ANNI	E ADIMDET		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?  1 YES 2 TO NO					
	10e. STREET AND NUMBER	E ARUNDEL		LINTHICUM  101. ZIP CODE  109. CITIZEN OF WI									
FUNERAL	808 WHITE AVENUE			21090 U.S.A.									
5		2. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPANIC ( scify Cuben, Maxicen, P		or No 14. R/	ACE — Americen Indian, lack, White, etc.					
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	dento riicen, etc.)		WHITE					
	15. DECEDENT'S EDUCAT	ION	18a. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUSTRY						
<u> </u>		mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working								
COMPLETED	12TH GRADE		HOMEMAKE	ER			OWN HOM	IE					
	17. FATHER'S NAME (First, Middle, Last) FREDERICK WILHELM	SOMMERS			18. MOTHER'S NAME (	(First, Middle, Maiden NCIA KRUN							
BE	19e. INFORMANT'S NAME (Type/Print)	DOTATION	19b. MAILING	ADDRESS (Street o									
2	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  808 WHITE AVENUE - LINTHICUM, MD 21090												
- 1	20a. METHOD OF DISPOSITION  1 Burlet 2 Cremetton 3 Remova		PLACE AND DATE O	F DISPOSITION (Na			CATION — City or						
Į.	Commetten   3   Removal from State   Commetten   3   Removal from State   Commetery, crematory or other place   LORRAINE PARK CEMETERY   1 1/26   Woodlawn   22. NAME AND ADDRESS OF FACILITY												
	· Jackie D.			HUBBAR	D FUNERAL	HOME, IN							
$\dashv$	23. PARTU! Enter the diseases, or com		the death Do a	4107 W	ILKENS AVE	ENUE-BALT	IMORE,						
	ahock, or heart fellure. List	t only one ceuse on er	ech line.	or enter the mo	de of dying, euch at	s cerdiec or respi	ratory arrest,	Approximate Interval Between Onset and Death					
	disease or condition	Left houripl	egia (cer	brovascu	lar acu de	ut)		4 days					
	disease or condition resulting in deeth)  a. Left hemiplegia (cere brovascular acu deut)  Due To (or As a consequence of):												
NO.	Sequantielly liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CAT	cause. Enter UNDERLYING												
Ė	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	8 4									
CERTIFICATION	resulting in death) LAST												
AL (	PART II. Other eignificent conditione c					t I. 24a. WAS AN PERFOR	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
50	(17 Viabetes wellin	vs (2) Heriplus	eral vasu	ilar di	sease	1 TYES 2,		COMPLETION OF CAUSE OF DEATH?					
M	(3) Coronary Arter					_	`	1 - YES 2 NO					
AN	DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN [								
Sic		IOSPITAL:		OTHER:	5 ☐ Rasidence 8 ☐	Other (Specify)							
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME	OF 28c. INJ		d. DESCRIBE HOW II	NJURY OCCURED						
'n	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1									
입	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, term, st ify)	reet, tectory, office	28	t. LOCATION (Street e City or Town, State)	and Number or Run	al Route Number,					
9	29e. CERTIFIER 1 TO CERTIFICAN TO THE PROPERTY OF THE PROPERTY												
COMPLETED								e(a) end menner es stated.					
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- / 1			29c. LICENSE NUMBER	3		IED (Month, Day, Year)					
10 B	ahinkany	-			D-44789	7	▶ 11/3	23/94					
-	30. NAME AND ADDRESS OF PERSON WHO C	Resident, hed	Liver Dept,	St. Agres	Hospital 90	o Caton Ar	e, Baltin	Me, MD21229					
	NOV 2 5 1994 Julia	32. REGISTRAR'S SIGNA											
	110 V 2 0 1994 July	develor Rand	11										

BALTIMORE, MARYLAND 21215-0020	Course office death. Dates & man he retained he she hancing as seemed as a con-
MAR	- catalina
щ	4
H	8
M	Dage
ALT	danth
•	affer
_	Cherro
₹	4
0,	with
O. BOX 68760	artificate he executed with
×	a ed
BC	200
Ö	artific

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									* * * * * * * * * * * * * * * * * * * *	HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Martin Kenneth Cooper  2. Date of Death Month Day November 22, 1994												3. TIME OF DEATH  1:30am
	4. SOCIAL SECURITY NUM		5. SEX	t birthday)	IF UNDER	R 1 YEAR	AR IF UNDER 24 HRS.		7. DATE OF BIRTIN		8. BIRTNPLACE (State or Foreign		
	219-22-801	0	1 X M 2 D F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	000	Country	1)
	90. FACILITY NAME (If not in		treet and number)			Oh CITY	TOWAL	OR LOCATI	ON OF DE	March 14, 1		NTY OF OR	rginia
Œ			out and namour,										
16	11480 Rout			Marriottsville Howard					ward	County			
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CIT	CITY, TOWN OR LOCATION							10d, INSIDE CITY
듬	Maryland	Howa	rd Count	v		Marriottsville						- 1	LIMITS?
	10e. STREET AND NUMBER			<i>J</i>			101	. ZIP COD			100 CIT		THAT COUNTRY?
FUNERAL	11480 Rou	+- 00							211	104			
N N	11. MARITAL STATUS	Le 99	12 WAS DECEDEN	IT EVER IN U.S. AF	MED	40	W# 6 DE 6	CHECKE				S.A.	
	1 Never Merried 2	Merried	FORCES? 1	YES 2 1			If yes, sp	ecify Cube	n, Mexice	NC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No —	Black	American Indian,     White, etc.
B	3 🔀 Widowed 4 🗌 Divo	becore	IF YES, GIVE V	MAR OR OATES		1 TES 2 NO Specify:						Specif	White
G	15. OECEDENT'S EOUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
	(Specify onli Elementary/Secondary (I		College (1-4 or 5	life.	ive kind of Do NOT u	work done se retired.)	during mo	st of worki	ng				
٦ ا	12		Conege (1-4 of 3	"	Line	man				17+4	1 4 4 4 4	es Wo	mle.
COMPLET	17. FATNER'S NAME (First, M	liddle, Last)			птис	man		18. MOT	NER'S NAI	ME (First, Middle, Malden		es wo	LK
	Earl	Frank1	in Coope	r						sie Mae Cr		n	
BE	190. INFORMANT'S NAME (		ти осоре		b. MAJLING	ADDRESS	S (Street e	and Numbe		Toute Number, City or Town			
TO BE COM	Mr. Mark C	ooner											
2	20e. METNOD OF DISPOSIT			20b. PLACE					ILLIC	ottsville,	_	City or Tov	
	1 Duriel 2 Cremetic		oval from State	cemetery cre	matory or o	ther niecel			1				
	21. SIGNATURE OF FUNERA		ENSEE	-   Cari	COLL			OII SE		1/22/94 H	amps	tead,	MD
examiner	1	P	1 11.	1-11						RAL HOME (	P.O.	Box	195)
	Bri	can	B. All	ight						MD 21784			
010	23. PART I. Enter the d	iseeses, or o	omplications the	t caused tha de	ath. Do i	not antar	tha mo	da of dy	ing, such	as cardiac or raapi	ratory ar	rast,	Approximete
		shock, or haart feliure. List only one ceusa on each line.  IMMEDIATE CAUSE (Final Onset end Death											
	disease or condition	<b>→</b>	Metastu	the Supr	AGIOY	HIL C	anc	er					1
Ties I	resulting in death)		V	(OR AS A CONSE									178.
CERTIFICATION	Sequantially list conditions, if any, laading to immediata  OUE TO (OR AS A CONSEQUENCE OF):												
8 8	cause, Entar UNDERLY CAUSE (Disease or inju	ING	c										
	that initiated events	_	OUE TO	(OR AS A CONSE	DUENCE O	F):							
	resulting in daeth) LAS	T (	d										
힐	PART ii. Other aignifica	nt condition	s contributing to	death but not a	a a ultima	le the un	el a els el a e		-t t- 1	201			
EDICAL C	The state of the s	oondition	- contributing to	deetii but iiot i	aauitiiig	in tha un	ideriying	g causa	given in	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 YE\$ 2	NO		COMPLETION OF CAUSE OF DEATH?
2   2										_			1 TES 2 NO
Z Z	DID TOBACCO U		RIBUTE TO CA	USE OF DEA	TH YE	S 🔲 I	NO [	] UNC	ERTAIN	1 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. PLAC	E OF DEA	TN (Check							
S	1 TYES 2 NO		1 Inpetient 2	ER/Outpetient 3	□ DOA	OTHER		. 5 R	sidence	6 Other (Specify)			
PH	27. MANNER OF DEATN		28e. OATE OF (Month, D		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIBE NOW II	NJURY OC	CURED	
BY I		Pending Investigation	,	-,,,		М		/ES 2 [	NO				
	2 D Sudalda	Could not be	28e, PLACE O	F INJURY — At ho	me, farm, :	street, fact	ory, offic	•		281. LOCATION (Street e	nd Numbe	r or Runal Ro	oute Number,
9 E	4 Nomicide	determined		ater (opecny)						City or Town, State)			
	290. CERTIFIER	IFYING PNYSI	CIAN: To the best of	my knowledge, de	oth occurr	ed at the ti	lme date	end place	and due	to the cause(e) end men	nor on etc	ted	
COMPLETED										time, date end place, en			end menner se stated
	29b. SIGNATURE AND TITLE			2									
BE	Muhla	( 1)	11.11	T mo					850				(Month, Day, Year)
티	30. NAME AND ADDRESS OF	PERSON WAL	COMPLETED CALL		4 27) /5	Drint!		110	030	7	1/1/4	remp	4 22 149c1
	11065 LIXYK	Patro	rent Ptu	", Colum	el in	M	(	210	44				
	31, DATE FILED (Month, Day,	Year)	37 REGISTRA	H'S SIGNATURE	1 02								
_9	NOV 25	1994	Jalinda	urliar Rose	all								

A MARKETINE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exponent after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transity of complete the first unities 72 hours after door to the first unities 72 hours after	the medium of thous are death with the State Copt. Or regain and method hyperic prior to bottom, or relieval.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

29b. SIGNATURE AND TITLE OF CERTIFIER

MYINT

Dr. Htay Myint MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULIA STRUBBLE PROBLEM

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Thelma November 22 Margaret DUGGAN 1954 4:06 a M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea. 8. BIRTHPLACE (State or Foreign 212-26-8664 1 M 2/ F 64 11-29-29 MD 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNT 10d. INSIDE CITY Baltimore Middle River 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3507 Honevsuckle Lane 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TES 2 NO Specify: Specify: white 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Clerk Specialist Comcast Cable 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Litz Wynona Meyers 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susan Blackmon 7115 Greenwood Ave. Baltimore, MD 20e. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Burlel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) Gandens Of Faith 11-26-94 Baltimore.MD 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE DE FUNERAL SERVICE LICENSEI Cvach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition Left parieto occipital hemorrhage Day reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Thrombotic thrombocytopenia purpura 1 Day Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Acute renal failure, Left breast carcinoma, 1 YES 2 NO DE DEATH? Left renal adeno carcinoma 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 😿 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) end manner ee stated.

29c. LICENSE NUMBER

001741

9000 Franklin Square Drive Baltimore Maryland 21237

M.D

29d. DATE SIGNED (Month, Day, Year)

2
7
MARYLAND 21
Z
LAND
Z
or
d
Š
ш
$\alpha$
0
TIMORE,
=
5
BALTIM
m
O
9
8
68760
X
0

DIVISION OF VITAL RECORDS, P.O. BC

		1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	TMENT OF HEALTH AND MENTAL HYGIENI CATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) DOWER JR	2. DATE OF DEATH MONTH	Y PYEAN OF DEATH
P		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In typs. ligst birthday)  7. Property Security Number  7. Sex  9. AGE (In typs. ligst birthday)  9. Property Sex  9. AGE (In typs. ligst birthday)  9. Property Sex  9. AGE (In typs. ligst birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. (Most), Day, 1687)	8. BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DEATH  ROLL TO THE TOWN OF LOCATION OF DEATH	9c. COUNTY OF DEATH
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT \ 10a. STATE 10b. COUNTY 10c. CITY	, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
sit permit,		10e. STREET AND NUMBER	101. ZIP CODE	1 N YES 2 □ NO 16g. CITIZEN OF WHAT COUNTRY?
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yea, specify Cuben, Maxican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc.
	ED BY	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	1 ☐ YES 2 NO Specify:  USUAL OCCUPATION 16b. KIND OF BUS	BOCK SINESS/INDUSTRY
spital or ed for u		(Give kind of with the completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of with the Do NOT us	ork done during most of working e retired.)	
YLA by the be det	Ш	17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NAME (First, Middle, Maiden	Surname)
be retained to 5 should be notified	임	19a. INFORMANT'S NAME (Pype/Print) Charles Dower Sr. 333	ADDRESS (Street and Number or Rural Route Number, City or Town	n, State, Zip Code)
, pg 4		20e: METHOD OF DISPOSITION 1 Devire 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	FDISPOSITION (Name of Page 1) DATE 20c. LOC	CATION — City or Town, Stata
Camin		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY THE DETTICK CORE	s Funeral Home
after after moval the moval	П	23. PART i. Entar the diseases, or complications the caused the death. Do n shock, or heart fallure. List only one cause on each line.	ot anter the mode of dying, such as cardiac or respir	ratory arrest, Approximata interval Between
Be on		iMMEDIATE CAUSE (Final disease or condition resulting in death)  a.   ASPIRATION	ON	Onset and Death
executed and composite burial,	NO	DUE TO (OR AS A CONSEQUENCE OF ROLL TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	TILURE	YRS
be clan	RTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		
T E BE P	CERT	resulting in daath) LAST		
and the w	EDICAL	PART II. Other algnificant conditions contributing to death but not resulting in	n the undariying cause given in Part i. 24e. WAS AN PERFORI	IMED? AVAILABLE PRIOR TO
PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an wide to ritem 23 shows any	≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YE	S D NO W UNCERTAIN D	1   YES 2   NO
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA	H (Check only one)  OTHER: 4  Nursing Home 5 Residence 6 Other (Specify)	
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.  28 Is marked, or It	ву рну	27. MANNER OF DEATH  1 Naturel 5 Pending (Month, Day, Year)  2 Accident Investigation	OF 28c. INJURY AT 28d. DESCRIBE HOW IN	VJURY OCCURED
DR ATTENDING I DIRECTOR: After hours after death tem 28 is man	ETED E	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, si building, etc. (Specify)	reet, factory, offica 281. LOCATION (Street a: City or Yown, State)	and Number or Rurel Route Number,
HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation		
표 분 을 생	8	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
6 6 8 ₹	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) ~ SIMAI I-V	15DITRI
		31. DATE FILED (Month, Day, Year) NOV 2 5 1994 July 2 medis man; Many upp	DIVIII PIC	

E E 

_	
2	
8	
, MARYLAND 21215-0020	
. 1	
47	
21	
-	
S	
7	
4	
7	
~	
1	
D	
Σ	
ш	
$\alpha$	
0	
=	
=	
BALTIMORE,	
⋖	
$\mathbf{\alpha}$	
-	
B/	
9	
9	
8	
9	
-	
$\hat{a}$	
Q	
1	
BOX 68760,	
P.O.	
0	
-	

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) LETTIE C.		DF	RENNING		2. DATE OF DEATH	AY 94EAR	3. TIME OF DEATH 04:25 PM M
	234-44-4763	□ M 2 🛛 F 63	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 19,	1931 6. BIRT Coun	HPLACE (State or Foreign cry) St Virginia
TOR	98. FACILITY NAME (# not Institution, give stree NORTH ARUNDEL HOSP RESIDENCE OF DECEDENT		TION		BURNIE	ATH	A . A .	COUNTY
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	_	adena	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	2932 Crystal Place				21122		USA	WHAT COUNTRY?
B₹	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	Spec WITT	E — Americen Indien, ck, White, etc. cfty:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION III mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT us		IN st of working	10-20-00-00-00-00-00-00-00-00-00-00-00-00	SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) ROY	Huffman	Homemak	ver		HOUSE WE (First, Middle, Meiden	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) Mary C. Gowombeck	Huffman				loute Number, City or Tow		
	20a. METHOD OF DISPOSITION  11/2 Burlel 2 Cremellon 3 Remova 4 Donetton 5 Other (Specify)	I from State cemete	ACE AND DATE O	F DISPOSITION (Na	me of		CATION — City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN		<u>aowi raq</u>	Stal	lings Ful	1/28/94 Ho neral Home n Road Pas	.P.A.	
CERTIFICATION	23. PART I. Enter tha diseases, pr conshock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	pplications that caused the tonly one ceuse on aach Due to (or as a configuration).	ONSEQUENCE OF	lend lend lent	Faul Hall	as cardiac or reapi	ratory arrest,	Approximata Interval Between Onset end Daath
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of					PERFOR	RMED?	NWERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ICIAN		26.	PLACE OF DEAT	H (Check only one) OTHER:				
	27. MANNEA OF DEATH  1 Natural 5 Pending	The patient 2 ER/Outpatie  28e. DATE OF INJURY (Month, Day, Year)	28b. T/MI	OF 28c. INJ	5 Residence URY AT RK? ES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident shvestigation 3 Sutcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, a	treel, factory, office		281. LOCATION (Street e City or Town, State)		Route Number,
COMPLET		N: To the best of my knowled						s) end menner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Kon			29c. LICENSE NUM	BER 9 9 9	29d. DATE SIGNED	(Month, Day, Year)
1	DR. ELLIOTT GORBA	TY, M.D./784	5 OAKWO	OD ROAD,	#203/GL	EN BURNIE	, MD 2100	51
	31. DATE FILES (M5"1994") Julia	Jan San San San San San San San San San S	PE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	REGISTRAR		CERTIFI	CATE OF	DEATH	A	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	10011				2. DATE OF	DEATH DAY	YEAR 3. TIM	E OF DEATH			
	LOUIS 1	DASH				NOV	2-1 199	4 22	-15P			
	4. SOCIAL SECURITY NUMBER 218 - 18 - 3773	1-0M2 0F 7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF I	ly, Year)	BIRTHPLACE Country)     MARYL				
TOR	98. FACILITY NAME (II not institution, give street and number)  HMRBOR HOSPITAL LENTER  BALTIMORE.  96. COUNTY OF DEATH  BALTIMORE.											
permit. Pages 1, 2, 3 at Mal. DIRECTOR	10a. STATE 10b. COUNT	E ARUNDEL	10c. CITY	PASAD			4	L	NSIDE CITY			
	100. STREET AND NUMBER 650 EAST RIVERSID	10g. CITI	ZEN OF WHAT CO									
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DE If yes, s 1 — YE	21122 CENDENT OF HISPAI pecify Cuben, Mexica s 2 X NO Specif	pecify Yes or No— n, etc.)	14. RACE — Am Black, White	erican Indian, , atc.				
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m		ID OF BUSINESS/IND						
COMPLETED	Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	NAVAL INSPECTOR				S GOVERNM	IENT				
m la	LOUIS DASH				<u> </u>	RY VAL	LANTINE	-				
moval.  Ical examiner must be notified  TO BE	DOROTHY L. DASH		650 EA	ST RIVE	RSIDE DR	IVE, P	Olty or Town, State, Zip ASADENA,	MD 2112				
must	20e, METHOD OF DISPOSITION  1											
removal.	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY Stallings funeral home, P.A. 3111 MOUNTAIN ROAD, PASADENA											
ortal Hygene prior to burial, cremation, ry, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Begin and the property of the											
and Mental Hygie ly injury, or oth CAL CERTI	PART ii Other algorificant condition	d.	ust ant regulation to	D. A.L. Lau		+						
n 23 shows any inju n 23 shows any inju IAN: MEDICAL	PART II. Other algolificant condition	is contributing to death b	or not reaulting in	n the underlyir	ig cause given in		PERFORMED?  YES 2 NO	AVAILA COMPL DF DE/	AUTOPSY FINDI BLE PRIOR TO LETION DF CAUS ATH? 'ES 2 \( \) NO			
23 sh	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO							
State [	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch							
path with the State Dept.  marked, or Item 23 s BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		BE HOW INJURY OCC	CURED				
5 m 0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	treet, fectory, offi	ce		N (Street and Number own, State)	or Rural Route Nu	imber,			
within 72 hours after TANT. If Item 28 Is COMPLETED	ana)	ICIAN: To the best of my know							anner sa state			
PORT BE	296. SIGNATURE AND TITLE OF CERTIFIE	DEPT. DI			29c. LICENSE NUI		29d. DATI	SIGNED (Month.	Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 300/, SHANOVEL STREE											
	THE THE TENT OF	LA da Vaccinstana S SIGN	- E1	DOMINE	STUAL	CENTE	R MD	. 212	-30			

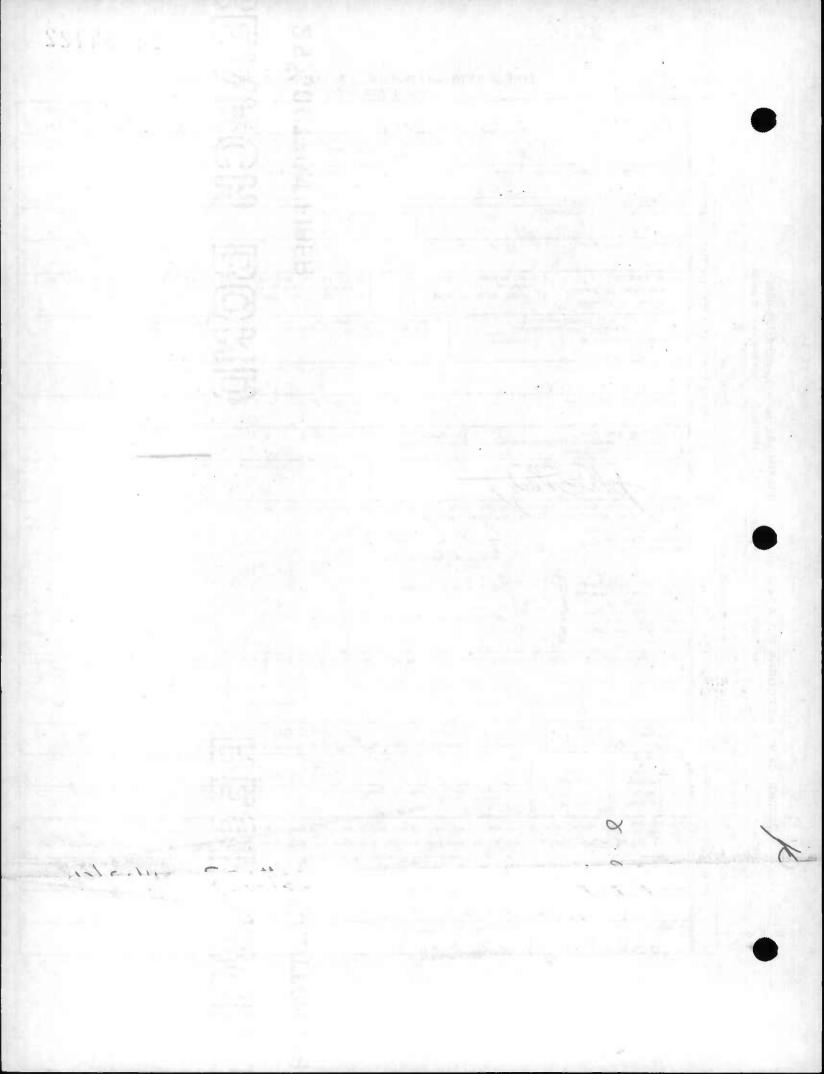
		FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL	HYGIENI REG. NO.	E			
		t. DECEDENT'S NAME (First, Middle, Last)	A. Delc	los,	SR	•	2. DATE MONTH	OF DEATH DA	22 9	3. TIME OF DEATH 5:30 pm		
D			6. AGE (In )	rrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH Day, Year, OC 9,19	1	BIRTHPLACE (State or Foreign Country) Spain		
3 should	œ	9e. FACILITY NAME (If not institution, give atree				OR LOCATION OF D	EATH		9c. COUNTY			
1, 2,	010	Bedford Health Car	e Center		Silver	Spring			Mon	tgomery		
permit. Pages	DIRECTOR	Maryland Howar	d		licott	City				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	FUNERAL	100. STREET AND NUMBER RIDGE				of. ZIP CODE			11	N OF WHAT COUNTRY?		
020 physician. burial-transit	NS	3004 North Rodge	Road Apt.  2. WAS DECEDENT EVER IN U FORCES? 1 YES			21043 CENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes	U.S	. RACE — American Indian.		
MARYLAND 21215-0020  e retained by the hospital or attending physician. 5 should be detached for use as the buriaf-tran notified at once.	BY FI	t Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	pecity Cuban, Maxica S 2 X NO Specif	ın, Puerto F	lican, atc.)		Specify: White		
1215 r atten use as	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.		(Give kind of a	USUAL OCCUPATI	ION ost of working	16b.	KIND OF BUS	INESS/INDUS			
YLAND 21 by the hospital or be detached for u at once.	PE		College (1-4 or 5+)	We. Do NOT us		t of Marl	cottin	a Flo	atui a	al Engineering		
IARYLAND 21 rained by the hospital or should be detached for titflied at once.	OM	12 VYS.  17. FATHER'S NAME (First, Middle, Last)		ATCE L	restuen	18. MOTHER'S NA				il Engineering		
YL de de de de de de de de de de de de de	ш	Joseph	Delclos			Angela		Rei	nal			
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
y be re		Lawrence A. Delclo				n Blvd.				. 22153		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	١,	2 Burfal 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	I from State   cemete	rv, crematory or o	OF DISPOSITION (Nather place)		DATI			y or Town, State m, Maryland		
Page ral dire	- 1	21. SIGNATURE OF THERAL SERVICE LICEN				IND ADDRESS OF FA		/ 4= ++	MOTILUI	1050 York Roa		
BALTIN after death. Pag by the funeral dir noval.		· Cold	longel		Ruck	Towson F	uner	al Hom	e, Ind	c.Towson, Md.		
B nours after d in by the or removal		23. PART I. Enter the diseases, or you	nplication. that offused the	he daath. Do r	not enter tha me	ode of dying, auc	ch aa card	lac or reapi	retory arrea	t, Approximate interval Between		
To in		shock, or heart failure. List only assectable on each line.  IMMEDIATE CAUSE (Final										
760 and within ompletely fille if, cremation, event, the		disease Dr condition resulting in death)	Preumon DUE TO (OR AS A C	192						5 days		
68760 executed within and completely fille burial, cremation, ratic event, the	_		Amyotroph			Scle	2.00	i c	5 days			
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate	BUE TO (OR AS A C	ONSEQUENCE OF	nierai	JC / e	103	13		DIHONIAS		
BOX ficate be ev physician and ne prior to	S	CAUSE (Disease or injury										
	Ħ	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DNSEQUENCE O	F):							
DS, P.O. the death certificate the attending of Mental Hygien njury, or oth		d.										
W = 3 = -	NAL	PART II. Other significant conditions	1 .	not reaulting	In the underlyin	ng cause given in	Part I.	24a. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
RECOR requires that been signed by to of Health an shows any	EDIC	carotid arter	y aiseas	2			-	1  YES 2	□ NO	OF DEATH?		
	2	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF	DEATH Y	ES I NO				1 TYES 2 NO		
AL Pas	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch		e)				
F VIT.	YSI	1 TES 2 10	OSPITAL:   Inputient 2   ER/Oulputi			me 5 - Residence	8 🗆 Other	r (Specify)				
NOF VI NG PHYSICIAN: tter this certifica eath with the St marked, or it		27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DES	CRIBE HOW IN	IJURY OCCUP	IED		
ONG DING After death	В	2 Accident Investigation	28e. PLACE OF INJURY —	At home, farm,	" ' '	YES 2 NO	28f, LOC	ATION (Street e	nd Number or	Rural Route Number,		
TTEN TOR: after	旦	4 Homicide 8 Could not be determined	building, atc. (Specify)		,,			or Town, State)	110 11001 01	, main node vanaon,		
DIV L DR A DIREC Hours	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beat of my knowled	ge, death occum	ed at the time, date	a end placa, and dua	to the cau	se(a) and man	ner es atated.			
HOSPITAL FUNERAL within 72 TANT: If	NO.									euse(s) end manner es stated.		
TO THE HOSPITA TO THE FUNERA BE filed within 7 IMPORTANT: I	BE	29b. SIGNATURE AND TITLE OF CERTIFIER		In A		29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)		
5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	6	Martha S, Sa 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (See	Print)	IP411	73		<b>&gt;</b> 1/	-23-94		
6		Martha S. Saavad	ra, M.D. 3	700 Int		nal Drive	e Sil	ver Sp	ring,	Md. 20906		
_ `)		31. DATE FILED (Month, Day, Year) NOV 2.5 1994	32. REGISTRAR'S SIGNATI									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item#20° Per F.H. Film# G-717 11/25/94 R.M.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECT	1. DECEDENT'S NAME (First, Middle, Last		CHH	7774	,		60	2, DATE	OF DEATH	45	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	G.E		IKN				NO	V. Z	2 14	94	6.40/A	
	The second second	5. SEX	6. AGE (In yrs. las	YRS.	MONTHS D	-	HOURS MIN.	7. DATE	Day, Year)		Country)	ACE (State or Forei	
	216-03-9868	Α	82	THS.				June	1, 1	912	Colo:		
ac l	9a. FACILITY NAME (If not institution, give						LOCATION OF	DEATH			TY OF DEAT		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR	Charlestown Care	Center			Cato	nsv:	ille			Balt Balt	imor	е	
	10a. STATE 10b. COUN	ITY		10c. CITY	, TOWN OR I	LOCATIO	DN				10	d. INSIDE CITY	
뜸	Maryland Balt	imore		Car	tonsv:	1114	9					LIMITS?	
	10e. STREET AND NUMBER	THOLC.		1 Oa	COHOV.	_	ZIP CODE	3-1-5		10g, CITIZ		T COUNTRY?	
E	715 Maiden Choic	e Lane					21228					S.A.	
D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WA		NDENT OF HISP	ANIC ORIGIN	? (Specify Ye	a or No —		American Indian	
	1 Never Married 2 Married	FORCES? 1	YES 2 TH	NO	If y	es, spec	Cify Cuben, Mexi	can, Puarto F			Black, V	rhita, atc.	
	3 Widowed 4 Divorced		- III OII DAILE		, ,	J 163 2	X NO Spec	му.			Specify:	White	
	15. DECEDENT'S ED (Specify only highest gra				USUAL OCCU			16b.	KIND OF BU	ISINESS/IND	JSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	. Do NOT use	e retired.)	ing most	or working						
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR  TO BE COMPLETED BY FUNERAL DIRECTOR	12	nemak	er				Own h	ome					
	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	AME (First, A	fiddle, Maide	Surname)			
	Martin Edwards	Granger					Lilli	an Ma	nning				
	19a. INFORMANT'S NAME (Type/Print)	W. S.	19	b. MAILING	ADDRESS (S	Street and				vn, State, Zip	Code)		
	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Gale W. Eichhorn 10924 Whiterim Drive, Potomac, Maryland 208												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Sta												
	1   Burisi 2   Cremation 3   Removal from State    4   Donation 5   Other (Specify)   Creen Mount Crematory Nov   25   BALTIMORE												
li	21. SIGNATURE OF FUNERAL SERVICE	LICENSHE A			22, NA	ME AND	ADDRESS OF	FACILITY					
	1 total	(Och )			M	itcl	nell-Wi	edefe	ld Ho	me	-	nd 2121	
	23. PART   Enter the disesses, D	-3/			0.	000	IOTK R	a. Ba	TCTIMO	re, Ma	aryla	na ZIZI	
CATION	Sequentistly list conditions, if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	b	(OR AS A CONSEC	OUENCE OF	):			31_					
CERTIF	thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
: ME	PERFORMED?  1 □ YES 2 NO										AN CC Of	ERE AUTOPSY FIN MILABLE PRIOR TO OMPLETION OF CA F DEATH?	
I A	25. WAS CASE REFERRED TO MEDICAL			-		26. PLA	CE OF DEATH (	Check only on	9)	_	1		
SS	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		5 🗆 Rasidenc						
主	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF 28	c. INJU	RY AT	_		INJURY OCC	URED		
	1 Return 5 Pending	(Month, C	lay, Year)	INJ		WOR	K? ES 2 \( \subseteq \text{NO} \)						
	Accident Investigation  3 Suicide 6 Could not b	28a. PLACE C	F INJURY — At he	ome, ferm, si				26f, LOC	ATION (Street	and Number	or Runal Roul	n Number	
	4 Homicide 6 Could not b	• building,	atc. (Specify)					City	or Town, State	)			
	29a. CERTIFIER												
	(Check only one) 2 MEDICAL EXAMI	/SICIAN: To the best of NER: On the basis of a										nd manner as sta	
H	29b. SIGNATURE AND STYLE OF CENTRE	- me	2	T.			29c. LICENSE N	UMBER 05	3	29d. DATE	SIGNED (M	onth, Day, Year)	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	31	2. Ch =1	, ,	/		3	0	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	111	- (24 /	00	- ( h = 1)	20	111	-	21.	228	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

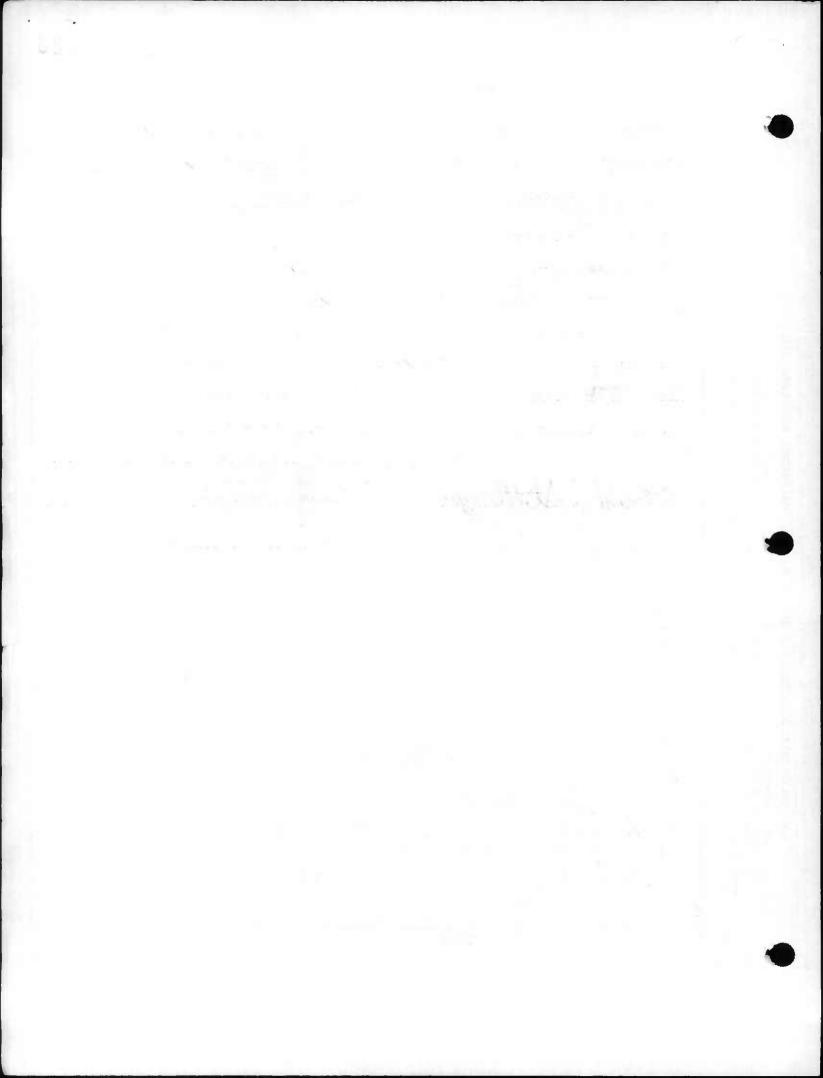
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he find within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at the filed within 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	NT OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICAT	TE O	F DEAT	ГН		REG. NO.

1 - STATE REGISTRAR		STATE OF MARYL			MENT OF H		MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First,	Middle, Last)							OF OEATH			3. TIME OF DEA	TH
Gertrud	e E	isemberg					Nove	mber 2	0.19	94	9:51	A M
4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (	In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH , Day, Year)		8. BIRTI	IPLACE (State or F	
151-22-007	7	1 □ M 2 🂢 F	88	YRS.	NTHS DAYS	HOURS MIN.	July	8,190	06	Cor	mecticu	t
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		91	b. CITY, TOWH O	R LOCATION OF O			9c. COUN	TY OF C	DEATH	
Holy Cro	ss Hos	pital			Silv	er Sprin	ng		Mo	ntgo	omery	
RESIDENCE OF DEC	10b. COUNTY	,		I so city t	OWH OR LOCAT	ION					10d. INSIDE CIT	v
Maryland		gomery			lver S						LIMITS?	
10s. STREET AND NUMBER	11011	- Bomery		01		ZIP CODE			10a CITI	ZEN OF	1 🖾 YES 2 🗆	J NO
8872 Wood]	and Dr	rive			100	20910			US		MINI COURTINIT	
11. MARITAL STATUS		12. WAS DECEDENT EVER II	U.S. AF	MED	13. WAS OFC	ENDENT OF HISPAI	NIC ORIGIN	7 (Specify Ver			E American Ind	llen
1 Never Married 2		FORCES? 1 YES	2 30		If yes, spi	2 Specific Specific	n, Puerto f				k, White, etc.	1901319
3 XXWIdowed 4 □ Divo	rced	in res, one man on a	AILS		1 1 1 163	TELEN OPEN	у.			oper	White	
15. OEC	EDENT'S EDU	CATION completed)	16a, OE	CEDENT'S US	UAL OCCUPATIO	ON et of working	16b.	KIND OF BUS	BINESS/IND	USTRY	1122	
Elementary/Secondary (0		College (1-4 or 5 +)	life	. Do NOT use n	k done during mo- etired.)	at or warning						
12 Yrs			H	omemak	er			Own H	ome			
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Sumame)			
Alexander		one					e Gla					
19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING AT	ODRESS (Street a	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
Dr. Lloyd			8	872 Wo	odland	Dr., Si	lver					910
29a. METHOD OF DISPOSIT 1 ☑ Burial 2 ☐ Crematic		oval from State	other pi	ace)		netery, crematory or			CATION -			
4 Donation 5 Other			aron	Hirsc		tery 11/		9# S	taten	Is	land, N.	.Y.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE A A A A A				O AODRESS OF FA		ΡΤΔΙ. Ι	TIMER	ΔT. F	OME THO	
Changl	16.	Stattleme	ICR			ARROLL						
shock, or h	eart failure.	complications that cause on a	sch line		anter the mo	de of dying, suc	h as card	lisc or respi	iratory srr	est,	Approxir interval I Onset sr	nata Between
iMMEDIATE CAUSE (Fir disesse or condition resulting in death)	<b>→</b>	. Aslero	alla	1. W	the re	shirato	14	CLYM	25			
Sequentially list condit	ions,	DUE TO (OR A)										
If any, leading to imme cause. Enter UNDERLY											j	
CAUSE (Diseese or injuthat initiated events	iry	DUE TO (OR AS A	CONSE	OUENCE OF):								
resulting in death) LAS	T	d.										
							_					
PART II. Other significa	ent condition	e contributing to death t	out not	resulting in	tha underlyin	g ceuse given in	Part i.	24a. WAS AN PERFOI		24	b. WERE AUTOPSY AVAILABLE PRIO	R TO
							1	1 TYES 2	NO		OF DEATH?	CAUSE
							_				1   YES 2	NO NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			25. PI	ACE OF DEATH (C/	heck only or	ю)				
1 TES 2 NO		1   Inpetient 2 ER/Out	patient :			e 5 🗆 Residence	6 🗆 Othe	r (Specify)				_
27. MANNER OF DEATH	0	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME (		URY AT ORK?	28d. DE	CRIBE HOW	NJURY OC	CURED		
2 Accident	Pending Investigation					YES 2 NO						
3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	dify)	ome, farm, stre	et, factory, offic	•	28f. LOC City	ATION (Street or Town, State)	and Number	or Rural	Floute Number,	
	a-star nimeo											
cool city		ICIAN: To the best of my know ER: On the basis of examination									(a) and manner as	stated.
29b. SIGNATURE AND THE	T				AAAAAA C							
KI.	1453					29c. LICENSE NU	MDER C		Z9G. DAT	SIGNE	O (Month, Pay, Yea	")
30. NÄME AND ADDRESS O	F PERSON WA	O COMPLETED CAUSE OF DE	ATH OT	M 271 /Time D	rint) =	11011				[ [ ]	21174	
SWITH H	0 76	10 Carroll	A	re	Tuhor	ma Par	k,	ud	209	31	2	
31. DATE FILED (Month, Day,		32, REGISTRAR'S SIGN	dall.									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)				2. [	DATE OF DEATH		3. TIME OF DEATH			
	David	:	FRANKENFIE	L.D		vember 2		4 4:34 p M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER	1 24 HRS. 7. D	ATE OF BIRTH Month, Day, Year)	6.	BIRTHPLACE (State or Foreign			
	212-84-3897	M 2 □ F	34 YRS. MOI	2-26-60		Country) MD					
	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY							OF DEATH			
OB	Franklin Square	Hospital		Rossvill	е		Baltin	more County			
딥	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
DIRECTOR	MD E	Baltimore		ddle River				LIMITS?			
	10e. STREET AND NUMBER			10f, ZIP COD			10g, CITIZEN	1 YES 2 NO			
ER/	1008 Fuselage	Ave.		2	1220						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT	OF HISPANIC OI		USA or No — 14.	RACE — American Indian,			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cube		erio Ricen, etc.)	Black, White, etc.				
			16a. DECEDENT'S USU					white			
里	15. DECEDENT'S EDUC (Specify only highest grade of	ng	16b. KIND OF BU	SINESS/INDUST	RY						
<u>ا</u> ا	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use ret								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	U	nei rige	rator Mech		Aero F					
	Lawrence Frank		Haruko	rst, Middle, Malden Teruya							
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street and Number	r or Burel Boute			dal			
임	Lawrence Franke	enfield		Fuselage A							
	20e. METHOD OF DISPOSITION	201	PLACE AND DATE OF DE	SPOSITION (Name of				or Town, State			
	1 Buriel 2 Cremetion 3 Remo	val from State Cen	netery, crematory or other p Metro	Crematory	11-28	3-94 Ca					
	21. SIGNATURE OF PUNERAL SERVICE LICE	21. SIGNATURE OF PUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  CVACD (PROCESS) OF FACILITY									
	LVach/Hosedale Funeral Home										
	23. PART I. Enter the diseases, or co	omplications that cause	tha death. Do not				iratory arrest	Approximate			
	ahock, or haert failure. L	lat only one cause on e	ech line.	entra de la contra de			70111 27741	Intarval Between Onset and Deeth			
	disease or condition	Senia	120					Onaet and Deetir			
	disease or condition resulting in daeth)  a. Sente Disease or condition a. Sente Disease or condition resulting in daeth)										
z	Sequentially the condition										
2	Sequentielly list conditions, If any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):										
CA	CAUSE (Disease or Injury  CAUSE (Disease or Injury  OUE TO (OR AS A CONSEQUENCE OF):										
	thet initieted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	d.										
AL (	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WEI										
SC						1 TYES 2	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC								OF DEATH?			
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	E DEATH YES	NO D UNC	ERTAIN [	]					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C								
Si	1./	1 Inpatient 2 ER/Outp		HER: Nursing Home 5 - Re	esidence 6 🗆	Other (Specify)					
F	27, MANNUM OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d.	DESCRIBE HOW	NJURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	, tectory, office	26t.	LOCATION (Street City or Town, State)	and Number or F	Burel Route Number,			
COMPLETED	4 Homicide determined										
4		CIAN: To the best of my know									
ğΠ	one) 2 MEOICAL EXAMINER	: On the besis of examination	n end/or investigation, in	my opinion, death occur	red at the time,	date end place, er	d due to the ce	ouse(e) end menner es stated.			
BE	290, SIGNATURE AND TITLE OF CERTIFIER 28c. LICENSE NUMBER						19d. DATE SH	GNED (Month, Day, Year)			
0	How Gelsen 1	POSTY North ()	FX-Ma/Ap	0	01080		D ONODE	J24,1996			
	Standar 2 Gelan	COMPLETED CAUSE OF DE	IIP Ch	20 20	0		0	747			
ı	21. DATE FILED (Month, Day, Year)	22. REDISTRAR'S SIGN		4/1	02						
	NOV 2 5 1994 July	in Davidson Rands	MI.								

DWG

Items# 10.a.28.f. G-film718 per MEO 12/16/94 P.C

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found red for the many perestated by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 to a marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

	1 - STATE REGISTRAR		SIAIE UF N		DEPAR					ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, LOUIS R	Middle, Last	•							2 DATE OF DEATH	<b>^</b> 17	<b>F</b> 4	3. TIME OF DEATH 6:04P	
	4. SOCIAL SECURITY NUMB 134 42 8663		5. SEX	6. AGE (In yrs. les 43	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 23, 1	Day, Year)		BIRTHPLACE (State or Foreign Country)     New Mexico	
DIRECTOR	9a. FACILITY NAME (F. ))  MOUNTGEN  RESIDENCE OF DEC	ERAL	ery General HOSPITA	AL				R LOCATIO	ON OF BEA	ney MD.		INTY OF O	EATH OMERY	
EC.	10a. STATE	10b. COUN	TY		10c, CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY	
	Maryland	Mon	tgomerv		Wh	Wheaton							LIMITS? 1 XYES 2 NO	
FUNERAL	10e. STREET AND NUMBER						101	ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
NE I	2309 Shoref:	ield 1		T EVED IN II C AD	MED.	12	WAS DEC		20902				SA	
B≺	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES			NO		II yea, spi	clfy Cubar 2 XX0	n, Maxican,	Puerto Ricen, atc.)	or No	Blaci Speci	- American Indian, white, etc.		
	15. DECEDENT'S EDUCATION 18a. DE (Specify only highest grade completed) (G.				CEDENT'S	work done	CCUPATIO	N it of working	a	18b. KIND OF BU	SINESS/IN	DUSTRY		
Ä	Elementary/Secondary (0-12) College (1-4 or 5+)			. Do NOT use retired.)				•						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Activist				IFD'S NAME	Greens  (First, Middle, Maiden				
	Jack Fedder	,							ciet		Garrierrey			
TO BE					b. MAILING	ADDRESS	S (Street a			ute Number, City or Tow	rn, State, Zij	p Code)	-	
۴	Harriet Fede				Sam	e as	ite	n 10	a-f					
	20s. METHOD OF DISPOSITION  1 Disposition 3 Remove from State Complete or other place.													
	4 Donation 5 Other (Specify) Metropolitan Crematory 11/19 Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE PROBLEM 22. NAME AND ADDRESS OF FACILITY													
	· CF.		H.	1/2		I	ves-	Pears	son F	uneral Ho				
9	23 PART I. Enter the di	seases. Dr	complications the	t caused the de	ath Do	28	847 1	Vilso	on Bl	vd. Arlir	gton	, VA	22201	
7	MAMEDIATE CAUSE (Findisease or condition resulting in death)	aart fallura	. List Dnly Dna cau	OR AS A GONSE	1,	1000							Intarval Batween Onset and Death	
CERTIFICATION	Sequantially list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat Initiated events resulting in death) LAS	diata NG ry	c	(OR AS A CONSEC										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not re					isulting in the underlying cause given in			iven in Pa	Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Ä	DID TOBACCO U		TRIBUTE TO CA					UNC	ERTAIN				/	
ici	25. WAS CASE REFERRED TO EXAMINER?  WES 2 NO	MEDICAL	HOSPITAL:	C= -302	E OF DEA	OTHER	₹:							
H	27. MANNER OF DEATH		28a. DATE OF		28b. TIM	E OF	28c. INJI	JRY AT	_	Other (Specify)	NJURY OC	CURED	to struct 1	
ВУ Р	-	Pending Investigation	(Month D	. / //	531	Day M	1 🗌 Y	ES 2	NO	Subject is	vold	lin.	eccident.	
	3 Suicide S Could not be datarmined 28a. PLACE OF INJURY — At home, 1 building, stc. (Specify)					larm, street, factory, office				281. LOCATION ( Silver Spring, MD . ) Server Arthur C.				
BE-COMPLETED	onel		SICIAN: To the beat of an										manage and and and and an annage as stated.	
Ĭ	200. SIGNATURE AND TITLE	OF CERTIFI	ER 1/	_				29c. LICE	NSE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)	
0	Midde	u 1	1. Thy	y mi	D.			0.	C.M.	Ε	<b>&gt;</b>	NOV	. 18/94	
7.7	THE DOLL		Kwa				ree.	- 10	-1+	more, M		222	21201	
	31. DATE FILED (Monty, Day)	94		refrantalk	I CIII	ı Dt.	7 G G	L, D	GILL	THOTE, M	агу	Lanu	21201	
- 1	MAAM	- 0												

1 -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Allan 2. DATE OF DEATH 3. TIME OF DEATN ALLEN 1994 3:30P FRV NOV 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) S. SEX 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS (Month, Day, Year) 8/27/42 HOURS 1**₹** M 2 □ F 52 California VRS 547-64-3504 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATH 9900 GEORGIA AVE. MONTGOMERY DIRECTOR SILVER SPRING RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomerv Silver Spring 1 YES 2 X NO permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 9900 Georgia Avenue 20902 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. 1X Never Married 2 Married Il yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES Specify: White 1 YES 2 XNO Specify: В 3 Widowed 4 Divorced Vietnam 6 15. OECEDENT'S EOUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 4 yrs Telecommunication Dept. of Army 17. FATNER'S NAME (First Middle Last) 18. MOTHER'S NAME (First. Middle, Maiden Surname) Chester Fry at Tessie Stripp BE notified 19 a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Chris Johnson 2607 Geneva Pl. Fullerton, CA 92633 e 20a. METHOD OF DISPOSITION
1 ☐ Burlal ※XX Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 11/23/94 4 Donation 5 Other (Specify) Catonsville, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd. Towson, completely filled in by the MD 21286 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arreat, Approximate ahock, or heart feliure. List only one cause eech line. Interval Between 6 IMMEDIATE CAUSE (Finei Onset and Death the cremation, disease or condition SULVE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION and Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or injury or other Hygiene OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST the atten injury, Other eignificent conditions contributing to peath but not recuiting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS een signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMEO' estitis shows any YES 2 NO YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item DIRECTOR: After this certificate hours after death with the State HOSPITAL . OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | 4 Nursing Nome 5 Residence 8 Other (Specify) of the 27. MANNER OF DEATH 1 Natural 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO marked, 5 Pending 1 YES 2 NO В Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 4 Nomicide 200 determined Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL TO THE FUNERAL C TO THE FUNERAL C IN THE FUNERAL C IMPORTANT: If II (Check only MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. E AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) BE O.C.M.E. NOV 22, 1994 2 ANO AGORESS OF PERSON WHO COMPLETED CAUPE OF OEATH (ITEM 27) (Type, Print) Lex 111 Penn Street, Baltimore, Maryland 21201. 31. DATE FILEO (Month 32. REGISTRAR'S SIGNATURE NOV 2 5 1994 Denden-Rudell

REG NO

STATE REGISTRAR

68760	
O. BOX	
٦.	
RECORDS	
ITAL R	
N OF V	
IVISION	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **GEHRMANN** MONTH NOV 24 1994 YEAR HANS 8:10 am 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 074-09-7889 1 X M 2 - F 91 August 4 1903 Germany Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Saint Joseph Hospital Baltimore DIRECTOR Towson, Maryland RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Glen Arm 1 TYES 2 X NO permit. FUNERAL 104 STREET AND MIMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit 11630 Glen Arm Road 21057 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) YES 2 X NO Specify: BY 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY /Sn Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Mechanical Engineer 5+ Canning 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) at August Johann Gehrmann Elene (unknown) Michel BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael E. Russell 6 Stillway Court Cockeysville, Maryland 21030 è 20e. METHOD OF DISPOSITION
1 ★ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Dilaney Valley Memorial Gard. 4 Donation 5 Other (Specify) 11/26/94 Timonium, Maryland medical examiner 21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. yours after death. twen Tille 6500 York Road Baltimore, Maryland 21212 completely filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errect, shock, or heert fellure. List pnly one ceuee on each line interval Batween IMMEDIATE CAUSE (Final Onset end Deeth the disease or condition 24HRS. MYOCARDIAL INFARCTION resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed to burial. CERTIFICATION and Sequentielly list conditione, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be Drior 1 cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initieted avants resulting in death) LAST 0 Mentai injury, the PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any CONGESTIVE HEART FAILURE, PNEUMONIA 1 TES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN IN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL: OTHER: 1 - YES 2 -OR ATTENDING PHYSICIAN: opatient 2 ER/Outpatient 3 -DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUPED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY death 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 10 6 Could not be COMPLETED after 28 i DIRECTOR: 4 Homicide hours Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta end place, end due to the cause(s) end menner es stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho (Check only one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner ee stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) BE 11/4/94 D32543 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARK STROMBERG , M.D., 7505 OSLER DRIVE, SUITE 104, TOWSON, MD. 21204 22. RECUSTRAND SIGNATURE NOV 2 5 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

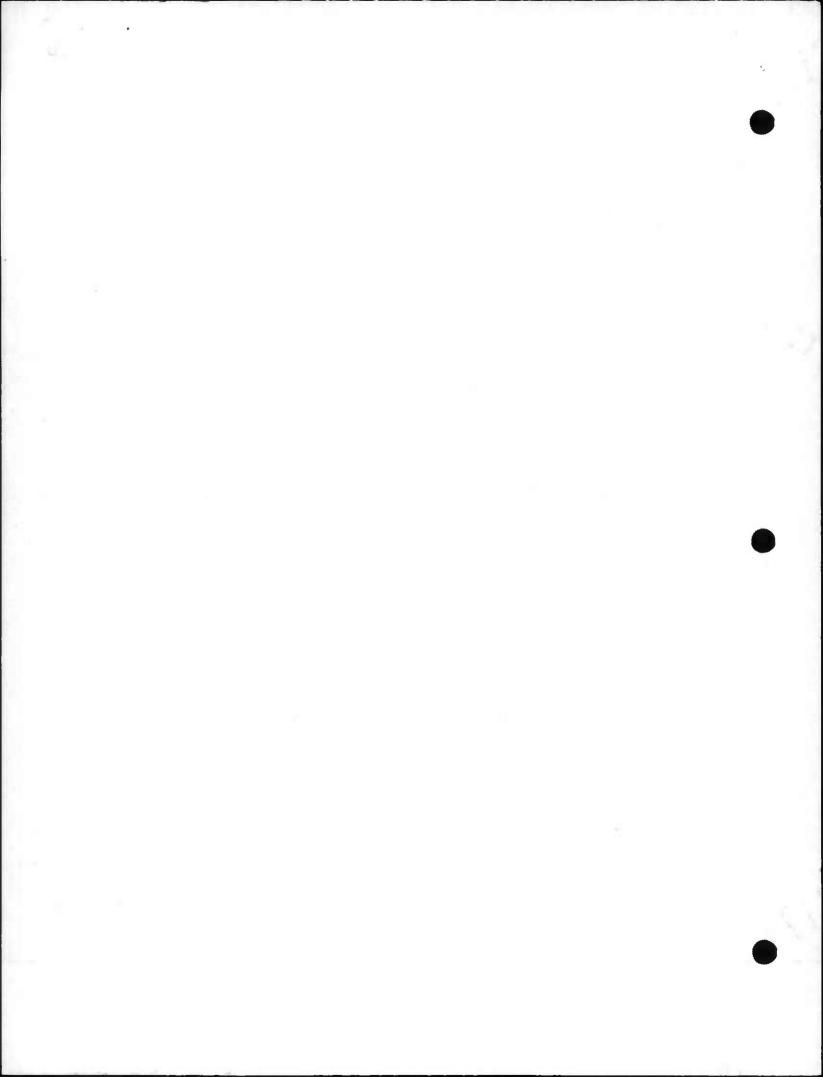
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH WONTH DAY NOVEmber 24, 1994  3. TIME OF DEATH NOVEmber 24, 1994												
	4. SOCIAL SECURITY NUME		WILLIAM 5. SEX	8. AGE (In yrs. las		IT UNDER		IF UNDER	2014 145 6	7. DATE OF BIRTH	24,		PLACE (State or Foreign
	191-01-266	0	1 XM 2 - F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) July 27,	1905	Country	nsylvania
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY		R LOCATI				INTY OF DE	ATH
DIRECTOR	Lorien Nursing Home					Columbia Howard					oward		
EG	10a, STATE 10b, COUNTY				10c. CIT	Y, TOWN (	OR LOCAT	ION				T	10d. INSIDE CITY
듬	Maryland Howard County				Syk	esvi	lle						LIMITS?
FUNERAL	100. STREET AND NUMBER 1795 Route 32					10f. ZIP CODE				707.			HAT COUNTRY?
NE I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF					217							
	1 Never Married 2 Married FORCES? 1 YES 2 1						If yes, sp		ın, Maxica	n, Puerto Rican, etc.)	aa or No-	Black, Specify	— American Indian, White, etc.
Э ВУ	3 🔣 Widowed 4 🗌 Divo											Specify	White
TE	(Specify only	EDENT'S EDUC y highest grade	completed)	(Gi	CEDENT'S ve kind of v Do NOT us	USUAL O	CCUPATIO during mo	ON st of world	ng	16b. KIND OF E	USINESS/IN	DUSTRY	
COMPLETED	Grade Schoo		College (1-4 or 5		el M								
Š	17. FATHER'S NAME (First, M	iddle, Last)			_		-	18. MOT	HER'S NA	ME (First, Middle, Maid	n Sumame)		
BE (			lliam K.								ıknow		
2	19a. INFORMANT'S NAME (7) Donald Hami									Poute Number, City or Table, MD 2		(p Code)	
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	ND DATE	OF DISPOS	ITION (Na	me of		DATE 20c.	OCATION -	- City or Tow	rn. State
	20b. PLACEAND DATE OF DISPOSITION  1 M Burlel 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22	NAME AL	ID ADDRE	CO OF EA				
	Slephen III Jenkins					8	728	Libe	rty 1	Rd.Randal	lstow	n,MD	21133-4784
	23. PART I. Enter the di shock, or h	iseasea, or c	omplication the	t caused the da	ath. Do n	ot enter	tha mo	de of dy	ing, auci	h as cardiac or res	piratory si	rrest,	Approximata Interval Between
1	IMMEDIATE CAUSE (Fir disesse or condition	nal	40.		J		~			<i>_</i>			Onset and Death
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE/OF):												
z	disease or condition resulting in death)  a. Due to (or as a consequence of):  BILATERAL PNEUMONITIS.  Due to (or as a consequence of):  BILATERAL PNEUMONITIS.  Due to (or as a consequence of):  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)												
일	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Diseese or injury thet initiated events  CAUSE (Diseese or injury thet initiated events												
CERTIFICATION	reaulting in death) LAST												
CC	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL							,			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											22,40		DF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO KI												
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		121	OTHE	۹:			ock only one)			
HYS	1 VES 2 NO		1 Inpatient 2 28a. DATE OF	ER/Outpetlent 3	DOA 28b. TIM		eing Hom 28c. INJ		aldenca	8 Other (Specify)  28d. DESCRIBE HOY	IN ILIBY OF	CHBED	
BY PI		Pending Investigation	(Month, E			URY	WO	RK? YES 2	NO	100. DESCRIBE NOV	MOONI OC	CONED	
	3 Sulcide 6	Could not be	26a, PLACE C	F INJURY At ho	me, farm, s	street, teci	tory, offic	•		28t, LOCATION (Stree City or Town, Sta		or Rural Ac	oute Number,
		datarminad											
COMPLETED	amal									to the cause(a) and m			9500-000-5-5-5-5
8	2 MEDI		C: Un the besia of a	xemination and/or i	rivestigatio	n, In my c	opinion, d				_		and manner as stated.
H	Aufan 11	0/6	Pula	Deet				29c. LIC	ENSE NUN	ABER 2	29d. DA	TE SIGNED	Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	1 27) (Type,	Print)		, .			- "	1 4	MD
	KOLDDRU	BET	7 850	11010	Q A	un.	apo	, les	Ros	75 Eili	Cott	City	21042
	31. DATE FILED (Month, Day,			R'S SIGNATURE								,	
	NUVZ 5 19	NUV 2 5 1994 july d'avelson-Rardall											
	4	_											DHMH-16 Rev 1/89



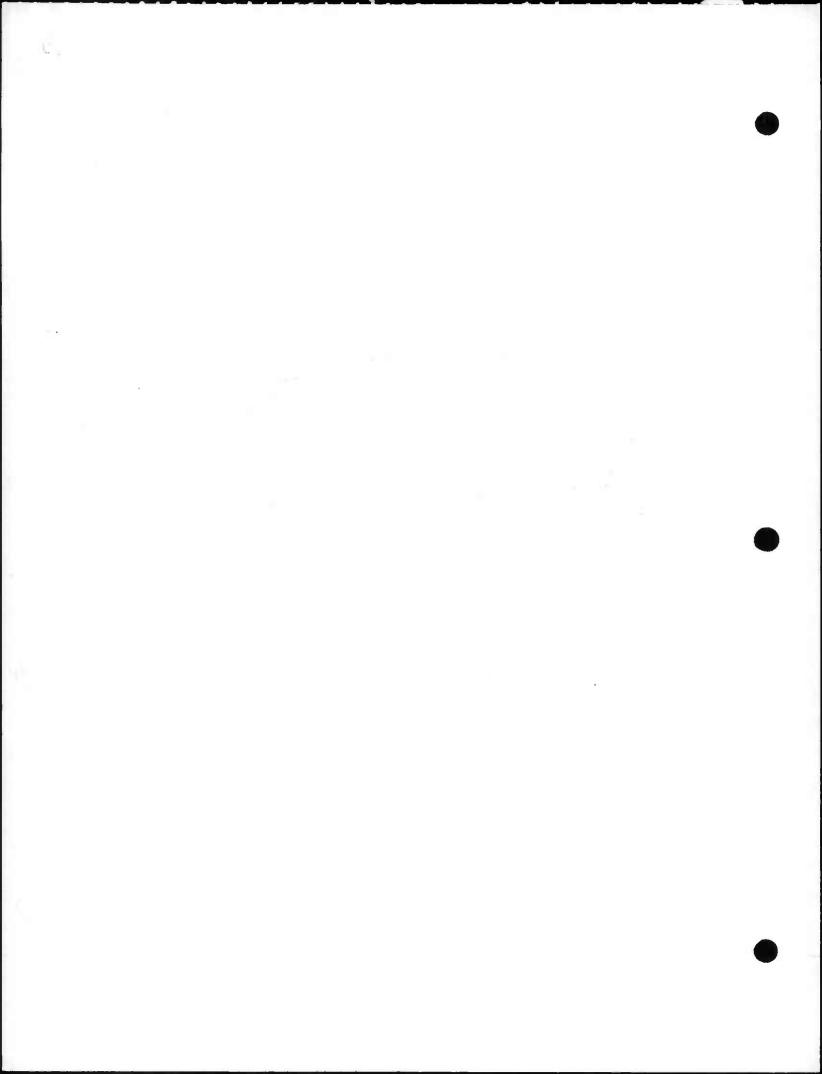
0
$\approx$
6876
-
œ
9
$\times$
0
ВОХ
ш .
-
o
$\circ$
Α.
۳.
85
S
~
C
RECORDS
$\circ$
()
$\sim$
ш
CC.
_
_
/ITAL
=
J.
0
_
7
_
U
_
S
_
>
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the thoreal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND MI	ENTAL HYGIENI REG. NO.	E			
		RETTA	HANBA			2. DATE OF DEATH	· 22,195	3. TIME OF DEATH		
	4. social security number 579-36-9896	1 □ M 2 🗓 F 76	O YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) )6-25-1918		BIRTHPLACE (State or Fereign Country) A SHINGTON,		
TOR	90. FACILITY NAME (If not institution, give str NORTH ARUNDEL RESIDENCE OF DECEDENT	NDEL HOSPITAL GLEN BURNIE						ANNE ARUNDEL		
DIRECTO	MARYLAND A	NNE ARUND		TOWN OR LOCA	TION VERN			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 8290 NEW CUT RO				21144	U.S	OF WHAT COUNTRY?			
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES GIVE WAR OR DATES			CENDENT OF HISPANIC becify Cuben, Mexicen, 5 2 NO Specify:		No- 14. RACE — American Indian, Black, White, atc. Specify WHITE			
LETED	(Specify only highest grade of Elementary/Secondary (0-12)	Illa Da NOT una mi			k done during most of working DEPAR			OF NATURAL		
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	NONE		ES SUP		(First, Middle, Malden	Surname)			
10 BE	LEONARD VERNON  190. INFORMANT'S NAME (Type/Print)  MRS. NANCY M.				ROSALIE  INDICATE OF RURAL FLOOR  CUT ROAD	ute Number, City or Town		(e)		
	20r METHOD OF DISPOSITION 1 1 Eyrial 2 Cremation 3 Remo	oval from State 201	b.PLACE AND DATE OF THE PROPERTY OF THE PROPER	FDISPOSITION (No	eme of	11726/94	CATION — City			
	21. SIGNATURE OF PURERAL SERVICE LICE			1 SE	COND AVI	SINGL	ETON I	FUNERAL HOME		
CERTIFICATION	23. PART i. Enter the diseases, or control of the c	DUE TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	ech iine.	ular un he rdío	accide  accide  accide  accide  accide  accide	-4	atory errest,	Approximete Interval Between Onset and Deeth		
MEDICAL	PART II. Other significant conditions	e contributing to deeth t	out not resulting in	the underlyin	g ceuse given in Pa	24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO		
H SICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH		UNCERTAIN					
BY PHTS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Out		4 Nursing Hon	ORK?	Other (Specify)	JURY OCCURE	:D		
EIED	3 Suicide 8 Could not be 4 Homicide determined	Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) City or Team State						ural Route Number,		
CMPL		CIAN: To the best of my known: 3: On the basis of examination						use(s) end manner as stated.		
DE C	29b. SIGNATURE AND TITUE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1.23 94.							
	31. DATE FILED (Month, Day, Year) NOV 2 5 1994 July	2. REGISTRAR'S BIGN		-nat)						



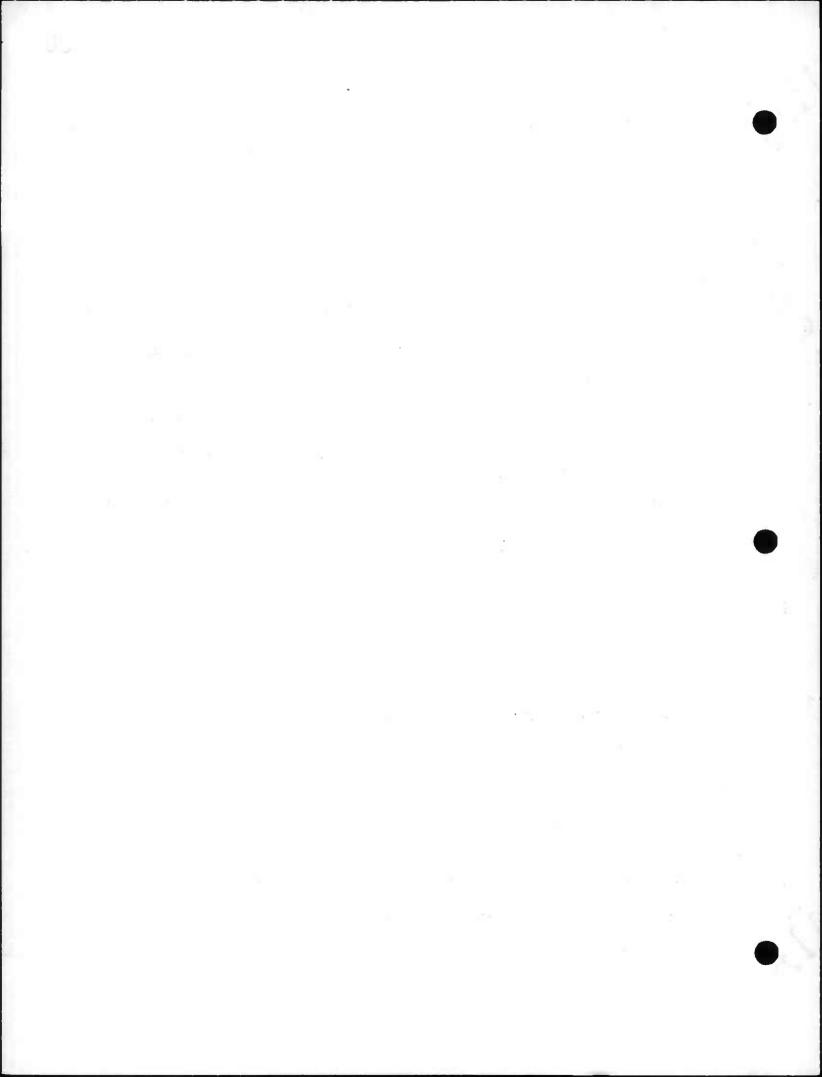
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLE REGISTRAR	AND / DEPARTMENT ( CERTIFICATE		ENTAL HYGIENI REG. NO.	Ē				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
	HOWARD WAYNE HILL JR			MONTH DAY	3 92	2 10A M			
		In yrs. lest birthday) IF UNDER 1 Y		. 7. DATE OF BIRTH 8. BIRTHPLACE (State or F Country)					
	705-03-5062 1⊠M2□F 80	) YRS. MONTHS D	AYS HOURS MIN.	Dec. 8,1913 Maryland					
~	9a. FACILITY NAME (if not institution, give street and number)		OWN OR LOCATION OF DEA		9c. COUNTY C				
10 10 10	Stella Maris	Tow	son		Balt	imore			
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c, CITY, TOWN OR I	OCATION		10d. INSIDE CIT				
DIRECTOR	Maryland   Anne Arundel	Pasadena				LIMITS?			
	10e. STREET AND NUMBER	1 rasadene	10f. ZIP CODE		10g. CITIZEN (	OF WNAT COUNTRY?			
ER/	1960 Popular Ridge Road		21122		U.S.A.				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN		DECENDENT OF HISPANIC		or No- 14. F	ACE — American Indian,			
BY F	1 Never Married 2 Married FORCES? 1 YES 3 X Widowed 4 Divorced FORCES?		es, specify Cuban, Maxican,  YES 2 NO Specify:	Puarlo Rican, atc.)		Black, White, atc. Specify:			
			^			White			
I	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCU (Give kind of work done duri- life, Do NOT use retired.)	IPATION ng most of working	16b. KIND OF BUS	INESS/INDUSTR	m .			
2	Elamentary/Secondary (0-12) College (1-4 or 5 +)		er/ Welder	Union	Local	#438			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		E (First, Middle, Maiden S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Howard W. Hill		Mary	E.	Rapp				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (S	1,1211						
ဥ	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  112 Crest Court Glen Burnie, Mary; land 21061								
	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Ste								
Ц	1X Burial 2 Cremation 3 Ramoval from Stata    Commetter, Crematory or other place   Commettery   11/28/94 Howard Co. MD.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		HE AND ADDRESS OF FACIL		- D A				
	Hilary L. Stalfings Jr.		tallings Fu			Marvland 2112			
	23. PART I. Enter the diseasea, or complications that caused	the dasth. Do not antar the	s mods of dying, auch	aa csrdisc or respir	ratory srrest,	Approximats			
	ahock, or heart fallure. List only one cause on ea					Interval Between Onset and Dsath			
	disease or condition resulting in death)	condition (1) Ha R. It will to I In F. I							
	resulting in death)  a.   OHA Right middle artery Intant.  DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions, b.								
CERTIFICATION	If any, isading to immediats cause. Entsr UNDERLYING	CONSEQUENCE OF):							
윤	CAUSE (Disease or Injury	CONSEQUENCE OF):							
	that initisted events resulting in death) LAST								
8	d								
Ä	PART II. Other aignificant conditions contributing to death be	ut not resulting in the unde	riying cause given in Pa	art I. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음				1 YES 2	X NO	OMPLETION OF CAUSE OF DEATH?			
¥				_   /		1 TES 2 NO			
ž	DID TOBACCO USE CONTRIBUTE TO			X					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	28. PLACE OF DEATH (Check	k only one)					
₹	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outp 27. MANNER OF DEATH 28s. DATE OF INJURY		Home 5 Realdence g		HOSPIC				
	1 Netural 5 Pending (Month, Day, Year)	INJURY	c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	9			
B	2 Accident Investigation 3 Suicide Could not be 28s. PLACE OF INJURY	- At home, farm, street, factory.		28f. LOCATION (Street a	nd Number or Ri	and Boute Mumber			
	Suicide 8 Could not be building, atc. (Spec datarmined)      Homicide datarmined	ify)		City or Town, State)	no realization of the	TEL PLOTE HUNDER,			
9	29a. CERTIFIER CERTIFYING BUYCICIAN, To the head of the least	and an administration of the state of the st							
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowl medical EXAMINER: On the best of examination					sa(s) and manner so stated			
	29b. ŞIGNATURE AND TITLE OF CERTIFIER								
H	Dende all Parison		29c. LICENSE NUMB	ER		NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Print)	MA004	2		-/ 14			
				0100					
DR. KENDALI, FAULKNER 2300 DULANEY VALLEY ROAD TOWSON, MD 21204  31. DATE FILED (MONTH), Day, Year)  32. REGISTRAR'S SIGNATURE									
	A STATE OF THE PARTY OF THE PAR					1			
	NOV 2 5 1994					I			



ė	
IÓ.	
=	
2	
-	
S	
_	
Z	
V	
_	
>	
0	
1	
4	
Σ	
_	
ш	
0	
$\overline{}$	
$\geq$	
≥	
=	
Η.	
-	
AL	
$\mathbf{m}$	
0	
90	

	_	
1		
7007		
12722 /		
> Ca	2	
	;	
٥		
200	נ נ	
a C C L L I I	5	
ū		
	֭֭֭֡֜֝֝֜֜֜֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	
5	•	
	5	
2	)	
V		

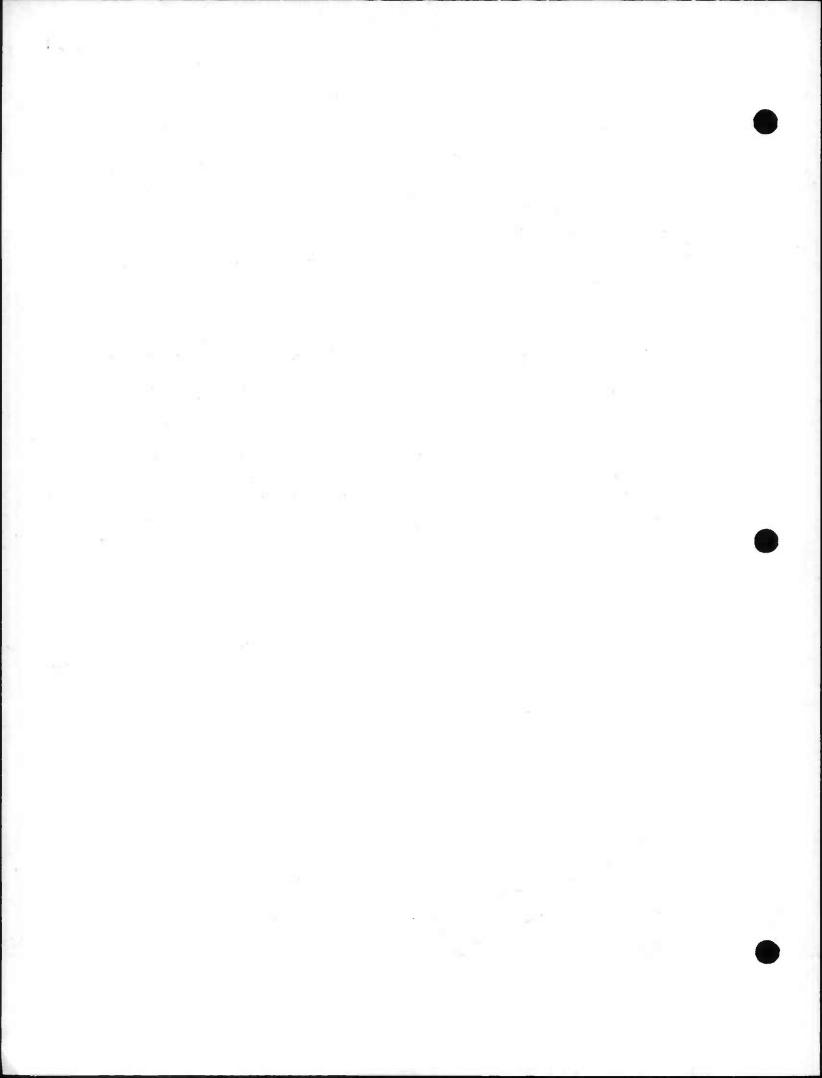
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND I	MENTAL HYGIENI	Ē				
	1. DECEDENT'S NAME (First, Middle, Last)		021111110	AIL OI	DEATH	2. DATE OF DEATH	-	3. TIME OF DEATH			
	Walter Sherid	lan Hann				November 23,	1994	7:00 P.	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Fore	ign		
	168-07-3898	1 X M 2 □ F 81	YRS. MO	NTHS DAYS	HOURS MIN.			Country) Iaryland	- 1		
_	9a. FACILITY NAME (If not institution, give	street and number)	96	. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY				
[ ]	Holly Hill Manor	Hursing Home			Balti	more					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	ION			10d. INSIDE CITY	=				
	Maryland Balt:	imore	Tows			LIMITS?					
	10e. STREET AND NUMBER	DIIOT E	TOWS		ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	930 Dulaney Valle	1204			J.S.A.						
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE — American Indian			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO	If yes, spi		n, Puerto Rican, etc.)		Black, White, etc. Specify:			
		I I I I I I I I I I I I I I I I I I I		<u> </u>				White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo		18b. KIND OF BUS	INESS/INDUST	RY			
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)			moontati	ve Gas & Ele	otroio C	~~~			
Š	17. FATHER'S NAME (First, Middle, Last)		COBUMEL DEL	vice he		ME (First, Middle, Maiden S		diparty	-		
C	7 1 77 7					et Loretta	/	dan			
0 8	19a. INFORMANT'S NAME (Type/Print)					$\neg$					
ř	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rose Raymond Hann  930 Dulaney Valley Road #1, Towson, Maryland 21204										
	20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Ren	noval from State	PLACE AND DATE OF D	SPOSITION (Na				or Town, State			
4 Donation 5 Other (Specify) Dulaney Valley Nov. 28 [Lutherville, Mar.											
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	_		hell-Wie	cility edefeld Hom	0				
	Grus	Wein /						yland 2121	2		
	23. PART I Enter the diseeses, or shock, or heart failure.	complications that ceuse. List only one ceuse on e	the deeth. Do not	enter the mo	de of dylng, suc	h es cardiec or respir	etory erreet,	Approximat			
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in desth) - (a. 141/2/NSON /LSEAN / Year										
	DUE TO (OR AS A CONSEQUENCE OF):										
o	Sequentially list conditions,  from leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
¥	csuse. Enter UNDERLYING										
Ĭ	CAUSE (Diseese or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in desth) LAST	d									
- 11	PART II. Other significent condition	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
5					could given in	PERFORI	WED?	AVAILABLE PRIOR TO COMPLETION OF CAI			
PHYSICIAN: MEDICAL						1 YE\$ 2	X NO	OF DEATH?			
≥	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	FATH Y	ES   NC	F		1 TYES 2 NO	' I		
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		07.1002 01 0		ACE OF DEATH (Chi				-		
<u> </u>	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Hom	5 🗆 Residence	8 Other (Specify)					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	JRY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURE	ED			
2	1 Netural 5 Pending 2 Accident investigation				ES 2 NO						
	3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, stree	t, factory, office		28f. LOCATION (Street as City or Town, State)	nd Number or F	Rural Route Number,			
COMPLEIEU											
1		ICIAN To the bast of my know									
5	2 MEDICAL EXAMIN	On the basis of examination	n and/or investigation, in	my opinion, d	esth occured at the	time, data and placa, and	due to the ca	ruse(a) and menner as atal	led.		
29c. LICENSE NUMBER 29d. DATE SIGNED (MC									$\neg$		
	(a)	Jun /			9-17	041	P 251	NOV94			
		COMPLETED CAUSE OF DE									
	Marc I. Leave 31. DATE FILED (Month, Day, Year)	y. M.D. 760 32. REGISTRAR'S SIGN	U Usler Dr	ive #3	15. Tows	on, Maryla	nd 212	.04			
	NOV9 51004 /1	a dande Roda									
	17016 0 1334 183	a security of the add	И.								



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF DEATN

1 Natural
2 Accident

3 Suicide

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							9	4	14136	
1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTAI	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	,	. 1 1	1,00		2, DATE	OF OEATN	,		3. TIME OF DEATN	
Carri	e lee	Hick	25		MON!		8 -	YEAR 94	11:08 PM	
4. SOCIAL SECURITY NUMBER						DATE OF BIRTN (Month, Day, Year)  8. BIRTNPL Country)			PLACE (State or Foreign	
216 30 5758		72 YRS. MO	M11110	noons win.					h Carolina	
9e. FACILITY NAME (If not institution, give :	street and number) Bultimor		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O							
Sina of RESIDENCE OF DECEDENT	e	Bultimore Baltimore								
10. CTATE								10d. INSIDE CITY		
Maryland		Baltim	orre						LIMITS?	
10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT		HAT COUNTRY?	
3518 Haywood Avenue				21215			USA			
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF NISPAN	IIC ORIGIN	? (Specify Yee		14. RACE	- American Indian,	
1 Never Married 2 Merried 3 XWidowed 4 Divorced	FORCES? 1 YES		If yes	s, specify Cuben, Maxica YES 2 X NO Specify	n, Puerto F	Rican, etc.)		Black, Specifi	White, etc.	
									Black	
15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	(Give kind of work	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					Factory		
Elementary/Secondary (0-12)						_		_		
9th Grade Laborer Superoir White House							9			
17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Meiden Surneme)										
George Weathers  190. INFORMANT'S NAME (Type/Print)				Rena Ben		•				
				reet and Number or Rural F				o Code)		
Rena L. Mellerson 200. METHOD OF DISPOSITION				St. Baltimon	-					
1V Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State Ce	metery, crematory or other	rv. crematory or other place)					City or Tow		
21. SIGNATURE OF FUNERAL SERVICE LI		Carparougn	22. NAM	E AND ADDRESS OF FAM	LITY VE	Zomann	ing,	Sout	th Carolina	
· C A				Gwynn Falls						
ament	leng			_		_			ATOTAL SIZIO	
23. PART i. Enter the diseases, or ahock, or heart failure.	complications that cause on List only one ceuse on	ed the death. Do not eech line.	enter the	mode of dying, eucl	h as card	llac or respir	atory an	reat,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition	Λ.	4	0.0	T (	1.				Onset end Death	
resulting in deeth)	•	Lyocard	lax	Luta	icti	on			one week	
_	OUE TO (OR AS	A youand A consequence of:	1	4						
Sequentially list conditions,	b. OHE TO (OR AS	A CONSEQUENCE OF:		ancer						
if any, leading to immediate cause. Enter UNDERLYING	OUE TO (ON AS	A CONSEQUENCE OF):							i	
CAUSE (Diseese or injury that initiated events	C DUE TO (OR AS	A CONSEQUENCE OF):								
resulting in death) LAST	, , , , , , , , , , , , , , , , , , , ,	,,								
	d									
PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINE PERFORMED?  AMALABLE PRIOR TO								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
1 TYES 2 NO							COMPLETION OF CAUSE OF DEATH?			
									1 ☐ YES 2 NO	
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YES	□ NO	☐ UNCERTAIN	1 🗆					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH (	Check only	one)						
1 TES 2 NO	1 inpetiant 2 ER/Out		Numino	Nome 5   Residence	e 🗆 Orban	(Specific)				

28e. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify) 2at. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🗌 29a, CERTIFIER (Check only one) 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date and piece, and due to the cause(e) end manner ee stated.

28b. TIME OF

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
R. Cook, DO, Intern	AS2402321 Rc980	11-18-9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sinai

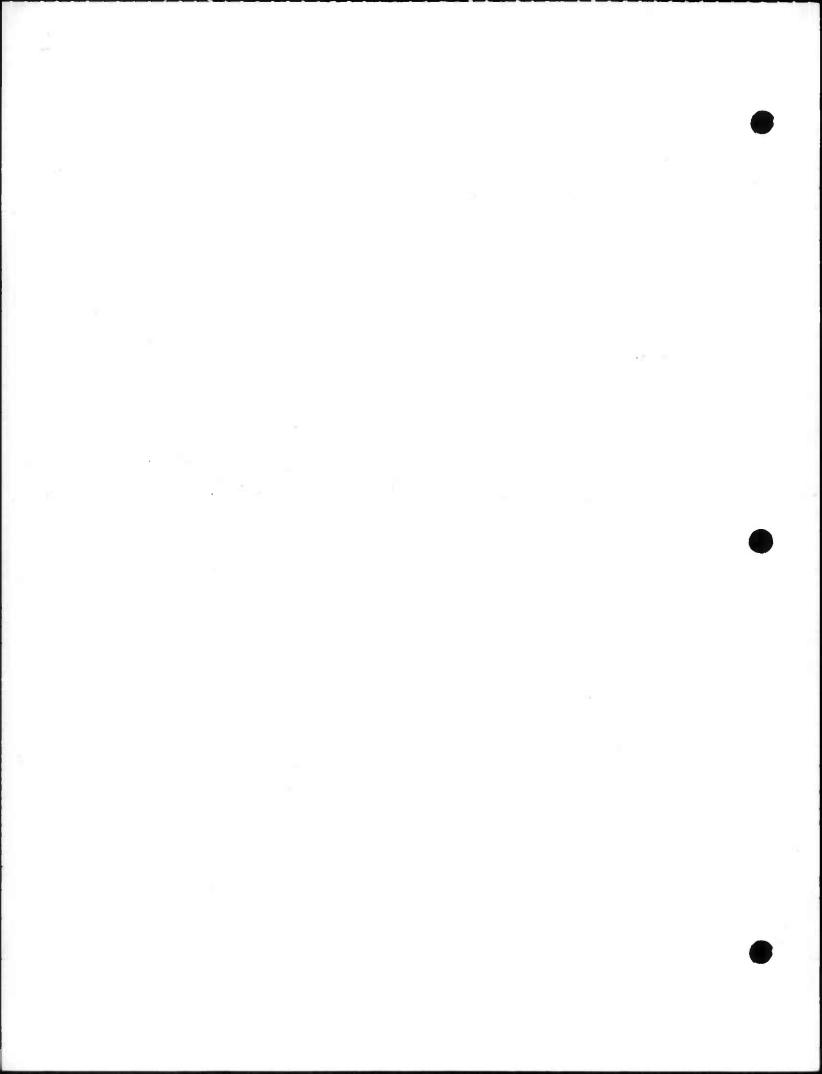
28c. INJURY AT WORK?
1 YES 2 NO

28d. DESCRIBE NOW INJURY OCCURED

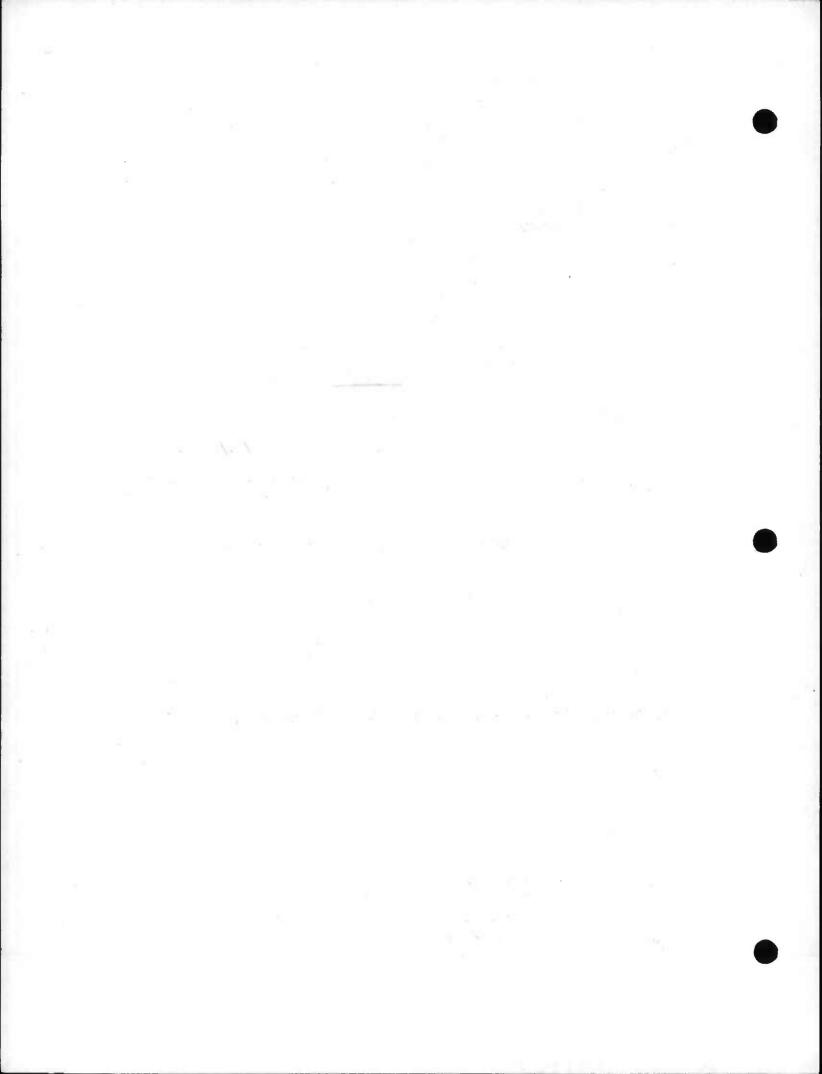
NOV 25 n, Day, Ybar) 1994

Investigation

28a. OATE OF INJURY (Month, Day, Year)



		REGISTRAN				ENTIF	CALE	JE DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, M	liddie, Last)							E OF DEATH		3.	TIME OF DEATH
		FRANK ERNEST ITALIANO AND AND AND AND AND AND AND AND AND AND									11550		
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)								ATE OF BIRTH 8. BIRTHPLACE (State or Foreign			OF Other to Continu
		063-16-9647		1, M 2   F	73	YRS.		WS HOURS MIN.	(Mo	nth, Day, Year)		Country)	WE (State or Poreign
모				L X		THO.				. 26,19	921	NEW	YORK
2, 3 should		90. FACILITY NAME (If not instit	tution, give s	treet end number)				WN OR LOCATION OF	OEATH		9c. COUNT		
	1 0 E	STELLA MARIS					TOW	SON			BAI	OMIT	RE
-, 2	СТОВ	RESIDENCE OF DECE											
Sede	ш		0b. COUNT	<b>r</b>			Y, TOWN OR I					10-	d. INSIDE CITY LIMITS?
4	DIR	MARYLAND	BAI	TIMORE		1	TOWSO	V.				1	YES 2 X NO
permit. Pages 1,	7	10e. STREET AND NUMBER						10f. ZIP CODE			10a, CITIZE	N OF WHA	T COUNTRY?
sit p	3	302 E. JOPPA	ROAL	APT. 90	1			21204				1	USA
ilan.	FUNERAL	11. MARITAL STATUS			IT EVER IN U.S. AF	MATO	I an uni						and a failure and a
215-0020 attending physician. se as the burial-transit	F	1 Never Merried 2 Ma	erried	FORCES? 1	X YES 2 1	2 NO If yes, specify Cuben, Mexici ES 1 YES 2 VNO Specif						14. RACE — American Indien, Black, White, etc.	
	BY	3 Widowed 4 X Divorce		IF YES, GIVE V					ictly:	y:			Specify:
ending as the				1	MM II								WHITE
		15. DECED (Specify only hi	ENT'S EDU ighest grade		(G	ilve kind of v	USUAL OCCU	PATION og most of working	.10	Sb. KIND OF BUS	INESS/INDU	STRY	
21 or u	<u>                                    </u>	Elementery/Secondary (0-12	2)	College (1-4 or 5	+)	. Do NOT us	,		_				
ND 2 hospital lached for	<u>₽</u>	12			S.	ELF, F	MP. D	ISTRIBUTO:	R				
RE, MARYLA ay be retained by the page 5 should be dei	COMPLETED	17, FATHER'S NAME (First, Midd	fle, Last)			тта	TTANO	16. MOTHER'S	NAME (First	, Middle, Meiden	Sumeme)		
		PETER		<b>JAMES</b>		-	TTANS	MARI	A		GU	JARAG	NIA
	00	19e. INFORMANT'S NAME (Type	√Print)		19	b. MAILING	ADDRESS (S	reet and Number or Rur	al Boute Nu	mber City or Tow	State Zin C	iorfe)	
	2	PETER J. ITA		)				ROAD BALD				000)	
		20e. METHOD OF DISPOSITION 1   ☐ Burlel  ☐ Cremetion		oval from State			OF DISPOSITION				CATION - CI		
- 0 -		4 Donation 5 D Other (S			_ °WOOD	LAWN	CEM.		11/26	/94 BAI	LTTMOF	Œ, M	D.
Page al direct		21. SIGNATURE OF FUNERAL S	SEMPICE LA	TOUN	I E. DOL	7/ 1/7	22. NA	E AND ADDRESS OF	FACILITY				
BA nours after de ed in by the fu or removal.		► SIL. 18	2	ela-	E. DOL	WIA	RU	CK TOWSON	FUNE	RAL HO	ME INC		
		1000	_				10	50 YORK R	T CAC	OWSON.	MD. 2	1204	
		23. PART I. Entar the dise	ases, or	complications the	it caused tha de	eath. Do n	ot anter th	moda of dying, s	uch as ca	rdiac or respi	ratory arre	st,	Approximata
		shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final								Interval Batween Onset and Death			
with mpletely fille cremation, went. the		disease or condition											
ted within completely ial, cremati		resulting in death)		a. LUIVO	COR AS A CONSE	OLIENCE OF	, 1000	dir vec					6 mes
76 wed we some some some some some some some som				002 10	(OR AS A CONSE	OUENCE OF	-)-						
Ber ber ber	RTIFICATION	Sequantially list condition	18.	b									
BOX ate be ex hysiclan a prior to	Ĕ	if any, leading to immedia	nta	OUE TO	(OR AS A CONSE	OUENCE OF	F):						) [
i, P.O. BOX leath certificate be a attending physician attending physician to that Hygiene prior to w. or other traum	2	cause. Entar UNDERLYING CAUSE (Disease or Injury		с									
Certificate ding physical phys	<b>E</b>	that initiated events	- 1	OUE TO	(OR AS A CONSE	OUENCE OF	F):						
S. O. D.L.	00	resulting in death) LAST		d.									
DS, Poe death the atten Mental Poling.													
	A	PART II. Other significant	condition	s contributing to	death but not	resulting i	In the unda	rlying cause given	in Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
COR lires that signed by teaith and	EDICAL									1 TYES 2	-	CO	MPLETION OF CAUSE
signed Health a										1 1 1 1 2	100		DEATH?
REGUE	Σ											1 1	YES 2 NO
law law as b Dept.	Z	DID TOBACCO		CONTRIBUTI	E TO CAU	SE OF	DEATH	YES N				1	
VITAL IAN: The law rithcate has the State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:				6. PLACE OF DEATH	Check only	one)			
VI SIAN: Intiffica he Str	SI	1 TES NO			ER/Outpetient 3	□ DOA	OTHER:	Home 5 - Residence	· Ko ou	her (Specify)	Hospi	ce	
OF VITAL RE PHYSICIAN: The law requities certificate has been with the State Dept. of a with the State Dept. of a steel or Item 23 should be suppressed.		27, MANNER OF DEATH		28e. DATE OF		28b. TIM	E OF 26	. INJURY AT	28d. D	EŞCRIBE HOW II	NJURY OCCU	RED	
〇 美 電				(Month, E	yay, year)	INJ	URY M	WORK?					
	1	1 Voletural 5 Pe					1						
After Jeath	BY PI	1 Vietural 5 Per Proposition 1	reatigation	28e. PLACE C	OF INJURY — At by	me form (	treet fectory		201.10	CATION (Street o	and Museuban a	Dest Dest	Alumbaa
SION OI FENDING PHYS OR: After this of frer death with	D BY P	1 Natural 5 Per 2 Accident Inv 3 Suicide 6 Co	reatigation and not be	28e. PLACE (	OF INJURY — At he atc. (Specify)	ome, ferm, s	street, factory,		281. LC	CATION (Street a by or Town, State)	nd Number o	Rural Rout	Number,
TENDING TOR: After after death	ETED BY P	1 Natural 5 Per 2 Accident Inv 3 Suicide 6 Co	reatigation	28e. PLACE C building.	OF INJURY — At he atc. (Specify)	ome, ferm, s	street, factory		281. LC	OCATION (Street a by or Town, State)	nd Number o	Rural Routi	Number,
O BIR	PLETED BY P	1\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	reatigation ruid not be termined	building	atc. (Specify)			office	Ci	ly or Town, State)	2-11/2-11		e Number,
O BIR	PLETED BY P	1 Neturel 5 Pe 2 Accident Inv 3 Suicide 6 Co 4 Homicide del  29e. CERTIFIER (Check only	reatigation ruld not be termined	CIAN: To the best of	etc. (Specify)	eath occurre	ed at the time	office	lue to the o	ty or Town, State)	ner es statec	i.	
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	PLETED BY P	1 Netural 5 Pe Inv 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co det  29e. CERTIFIER (Check only one) 2 MEDICA	reatigation uild not be termined  YING PHYS	CIAN: To the best of	etc. (Specify)	eath occurre	ed at the time	office date end place, end o	fue to the c	ty or Town, State)	ner es stated	l. ceuse(s) en	d menner es stated,
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	PLETED BY P	1 Neturel 5 Pe 2 Accident Inv 3 Suicide 6 Co 4 Homicide del  29e. CERTIFIER (Check only	reatigation uild not be termined  YING PHYS	CIAN: To the best of	etc. (Specify)	eath occurre	ed at the time	office	fue to the c	ty or Town, State)	ner es stated	l. ceuse(s) en	
OR OIR	BE COMPLETED BY P	1 Natural 5 Pe Inv 2 Accident Inv 3 Suicide 6 Co det  29e. CERTIFIER (Check only one) 2 MEDICA  29b. SIGNATURE AND TITLE OIL	vestigation build not be termined  YING PHYSI AL EXAMINE	CIAN: To the best of	etc. (Specify)  I my knowledge, do examination end/or	ath occurre	ed at the time	office date end place, end o	fue to the c	ty or Town, State)	ner es stated	l. ceuse(s) en	d menner es stated,
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	PLETED BY P	1 Netural 5 Pe Inv 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co det  29e. CERTIFIER (Check only one) 2 MEDICA	vestigation build not be termined  YING PHYSI AL EXAMINE	CIAN: To the best of	etc. (Specify)  I my knowledge, do examination end/or	ath occurre	ed at the time	office date end place, end o	fue to the c	ty or Town, State)	ner es stated	l. ceuse(s) en	d menner es stated,
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	BE COMPLETED BY P	1 Natural 5 Pe Inv 2 Accident Inv 3 Suicide 6 Co det  29e. CERTIFIER (Check only one) 2 MEDICA  29b. SIGNATURE AND TITLE OIL	veetigation and not be termined  YING PHYSIAL EXAMINE F CERTIFIE PERSON WH	CIAN: To the best of	my knowledge, de examination end/or	Investigation  M 27) (Type,	ed at the time in, in my opin  Print)	date end place, end don, death occured at t	lue to the cine time, de	ause(e) end men	d due to the	i. ceuse(s) en signeo (Mi	d menner es stated,
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	BE COMPLETED BY P	1 Netural 5 Per Inv 2 Accident Inv 3 Sulcide 6 Co det Control Per Inv 2 MEDICA 299. CERTIFIER (Check only one) 2 MEDICA 299. SIGNATURE AND TITLE OF CONTROL PRINCE OF PORT OF THE PRINCE OF PORT OF THE PRINCE OF PORT OF THE PRINCE OF THE PRIN	restigation and not be termined  YING PHYSIAL EXAMINE F CERTIFIES  PERSON WH	CIAN: To the best of a R: On the beste of a R: On the beste of a R: COMPLETED CAU	I my knowledge, de xamination end/or ELLLI SE OF DEATH (ITE 2300 [	Investigation  M 27) (Type,	ed at the time in, in my opin  Print)	office date end place, end o	lue to the cine time, de	ty or Town, State)	ner es stated	i. ceuse(s) en signeo (Mi	d menner es stated,
DIN HOSPITAL OR FUNERAL DIRE within 72 hour MANT: If Item	BE COMPLETED BY P	1 Netural 5 Pe Inv 2 Accident 3 Suicide 6 Co det  29e. CERTIFIER (Check only one) 2 MEOICA  29b. SIGNATURE AND TITLE OF ACCIDENT AND AC	restigation and not be termined  YING PHYSIAL EXAMINE F CERTIFIES  PERSON WH	CIAN: To the best of a R: On the beste of a R: On the beste of a R: COMPLETED CAU	my knowledge, de examination end/or SE OF DEATH (ITE	Investigation  M 27) (Type,	ed at the time in, in my opin  Print)	date end place, end don, death occured at t	lue to the cine time, de	ause(e) end men	d due to the	i. ceuse(s) en signeo (Mi	d menner es stated,



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and of the attending physician and of the attending physician and the strategies of the attending physician and the strategies and completely filled in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to turnal contraction, or minimally manual the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR CERTII	FICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH	3. TIME OF DEATH						
,	WANDA LUCILLE JOHNSON	1	NOVEMBER 20	0,1994 M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday		7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
OR	232-54-6926 1 □ M 2 🖔 F 58 YRS.	MONTHS DAYS HOURS MIN.	03-14-1936	WEST VIRGINIA						
	98. FACILITY NAME (If not institution, give street and number) 6508 S. CHARTER ROAD, APT. F	96. CITY, TOWN OR LOCATION OF DI	EATH Se. CC A 1	% COUNTY OF CEATH ANNE ARUNDEL						
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CI	TV -000 00 00 00 00 00 00 00 00 00 00 00 0								
DIRECTOR	MARYLAND ANNE ARUNDEL GI	TY, TOWN OR LOCATION LEN BURNIE		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
3AL	10e. STREET AND NUMBER	101. ZIP CODE		STIZEN OF WHAT COUNTRY?						
Ä	6508 S. CHARTER ROAD, APT. F	21061		U.S.A.						
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yee, specify Cuben, Maxica 1 YES X NO Specify		14. RACE — American Indian, Black, Whita, atc. Specify: WHITE						
ED	15. DECEDENT'S EDUCATION 18e. DECEDENT'	S USUAL OCCUPATION	16b. KIND OF BUSINESS/I	·						
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT life	f work done during most of working use retired.)								
1PL		MAKER	OWN HOM	E						
ON	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Maiden Surname	RE (First, Middle, Maiden Surname)						
BE C	DONALD WILLIAM JOHNSON, SR.	MABLI	E DORCUS MO	:COURT						
TO B		IG ADDRESS (Street and Number or Rural								
F	LARRY RANDALL JOHNSON 6508	S. CHARTER RO	DAD, APT. F.	MDGLENGBURNIE,						
		EOF DISPOSITION (Name of	11/23/929c. LOCATION							
	1 X Buriel 2 Cremetion 3 Removal from State	RIDGE MEMORIAL	PARK ELKR	IDGE, MD.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CLUTY SINGLETO	N FUNERAL HOM						
	100	1 SECOND AV	MARYLAND	21061						
	23. PART . Entar the diseases, or complications that caused the death. Do	not antar the mode of dying, suc	h as cardiac or raspiratory a	arrest, Approximate						
	ahock, or haart fallure. List only ona cause on each lina.			Interval Between Onset and Death						
	a. ACUTE MYELOID LEUKEMIN  DUE TO (OR AS A CONSEQUENCE OF):									
z	Sequentially list conditions,  Due to cor as a consequence.	SIA		= yra						
TIC	it any, raiding to infinediata									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury									
삠	that initiated avents  resulting in death) LAST	OF):								
CERTIFICATION	d									
AL.	PART II. Other significant conditions contributing to death but not resulting	in tha underlying cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED?							
DICAL			1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ME				OF DEATH?						
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH Y	'ES 🗆 NO 🗗 UNCERTAII	10							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DE	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SK	1 VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4  Nursing Home 5 Nesidence	8 Other (Specify)							
H	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TI	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED						
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO								
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)	, atreet, factory, office	281. LOCATION (Street end Numb City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	4 Homicide determined									
P	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur									
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or investigat									
	296. SIGNATURE AND TITLE OF BERTIFIER	29c. LICENSE NUM	IBER 29d. D/	ATE SIGNED (Month, Day, Year)						
) BE	Merce C. Herman MD	11/21/94								
2 38. HAME AND ADDISS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  UNIVERSE MD. HOSP 22 S. GREENE ST. BALTO MD. 212										
								31. NOV 2 5 1994) Julia dans 184 Kardaute		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	REGISTRAR	CERT	IFICATE	E OF	DEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF				1. TIME OF DEATH
	MARY KRATOCHVIL	_				MONTH	/	2 4	YEAR	10:45 6
		AGE (In yrs. last birthd	ay) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		7	-	PLACE /State or Foreign
	212-01-6233 10 M2 DF	103 YR	MONTHS	DAYS	HOURS MIN	(Month, D	y Hour) /	ma.	Countr	
	9a. FACILITY NAME (If not institution, give street and number)	1 - 4/6/1011								
6										
0	DULANEY VALLEY NURS,	NG NOME	- /6	jω.	SON	Mo Balti				cimore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	100	CITY, TOWN (	OB 1 0047	1011					
<u> </u>	MD Baltimore	100.		kvi						10d. INSIDE CITY LIMITS?
			1 641							1 TYES 2 NO
M	100. STREET AND NUMBER 1 Duindus Ct.			101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	i baraas cc.				21234	4			US	SA .
5	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED			ENDENT OF HISPAN			or No-	14. RACI	E — Amarican Indien,
	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WAR				city Cuben, Mexica 2 NO Specify		n, etc.)		Speci	k, White, etc.
В	3 Wildowed 4 Divorced		-		*					white
品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN	T'S USUAL O	CCUPATIO	N	16b, KI	ND OF BUS	INESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NO	of work done of use retired.)	aunng mos	st or working					
립	Unk. Unk.	Cl	erk					He	nk.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First Mide	tin Maiden		11 .	
	Michael Kratochvil				Mary	Shott	no, maiori	Jarrientoy		
BE	19e. INFORMANT'S NAME (Type/Print)	405 44411	ING ADDRESS	0.404						
2	James G. Kratochvil Jr.	190. MAIL			nd Number or Rural I Sciale Ro		ltimo			21204
	20a. METHOD OF DISPOSITION					4. Dea	_			
	1 S Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DA cemetery, cremetory	TE OF DISPOS or other plece)	SITION (Ne		OATE	20c. LOC	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)		Redeem	ner	11-26			Balt	imor	e MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.1			D ADDRESS OF FA					
	I Denis X Ne	lis		ivacr	/Roseda]	le Fun	eral	Home	3	
	23. PART I. Enter the diseases, or complications that c	average de la company		1277	Chesaco	Ave.				
	shock, or heert fellure. List only one ceuse	on each line.	D not enter	the mor	de or dying, suc	n ss cerdie	; or respir	atory en	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1 1	. /				A			Onset and Death
	resulting in desth)	AS A CONSEQUENCE	UUIM	onc	VYa	nes	<i></i>			
	DUE TO (OF	AS A CONSEQUENCE	E OF):							
z l	Sequentially list conditions, b.									
Ĕ	if any, leeding to immediate	AS A CONSEQUENCE	E OF):							
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
쁘	that initiated events DUE TO (OF	AS A CONSEQUENCE	E OF):							
	resulting in death) LAST									
	PART II. Other significent conditions contributing to de	oth had not requisi	I- th	4. 4. 4		I				
SAL	Control signment conditions contributing to de	ath but not resulting	ng in the un	deriying	csuse given in	Part I.   24	a. WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5 I	Severe osteporosis	E W	up III	2		_   1	YES 2	NO		COMPLETION OF CAUSE OF GEATH?
뿔	h/OUGI blooding									1 _ YES 2 _ NO
PHYSICIAN: ME	hlo CA hreast									
Ă I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)				
Si I	1 YES 2 NO HOSPITAL:	R/Outpatient 3 🗆 DO	OTHER	R: sina Hom	5 - Rasidenca	6 Other /S	necify)			
<u>₹</u> ∥	27. MANNER OF DEATH 28s. DATE OF IN.	IURY 28b.	TIME OF	28c. INJU	JRY AT	28d. OESCR		JURY OC	CURED	
	Natural 5 Pending (Month, Day,	(bar)	INJURY M	1  Y						
B	2 Con PLACE OF III	IJURY — At home, ten	m. street, fact			26t LOCATIO	ON (Street e	and Numbe	v or Burni f	Route Number,
	4 Homicide determined building, etc	(Specify)					own, State)	TO TECHNIQUE	or Horar F	tode redinion,
	29e. CERTIFIER									
OMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the beat of my									
ō I	2 MEDICAL EXAMINER: On the beele of exam	ination end/or investig	ation, in my o	pinion, de	eath occured at the	time, date an	i placa, and	due to th	he couse(s	i) end menner ee stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER	1		T	29c. LICENSE NUN	IBER	T	29d, DAT	E SIGNED	(Month, Day, Year)
B	UNINIA UVA	NATA			7	717			11/2	3/0/
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADDE	P OEATH TEM 270 (7	type, Print)		1 50	IIT		/	1100	2/77
	,	U	,, -, -, -, -, -, -, -, -, -, -, -, -, -							
	SI. DATE FILEO (Month, Day, Your) NOV2 5 1994	Sign Tribe								
	NOV 2 5 1994	Charle.								
11	140 4 14									

BALTIMORE, MARYLAND 21215-0020

_	
	١
$\equiv$	
$\approx$	
9	
68760	
33	
<b>W</b>	
×	
XO	
ВОХ	
***	
-*	
0	
Δ.	
S	
=	
<u>~</u>	
0	
Ō	
RECORDS,	
щ	
œ	
VITAL	
-	
9	
Η.	
_	
>	
11	
OF	
$\circ$	
_	
4	
N O	
=	
DIVIS	
_	
_	
$\overline{}$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or genoval.

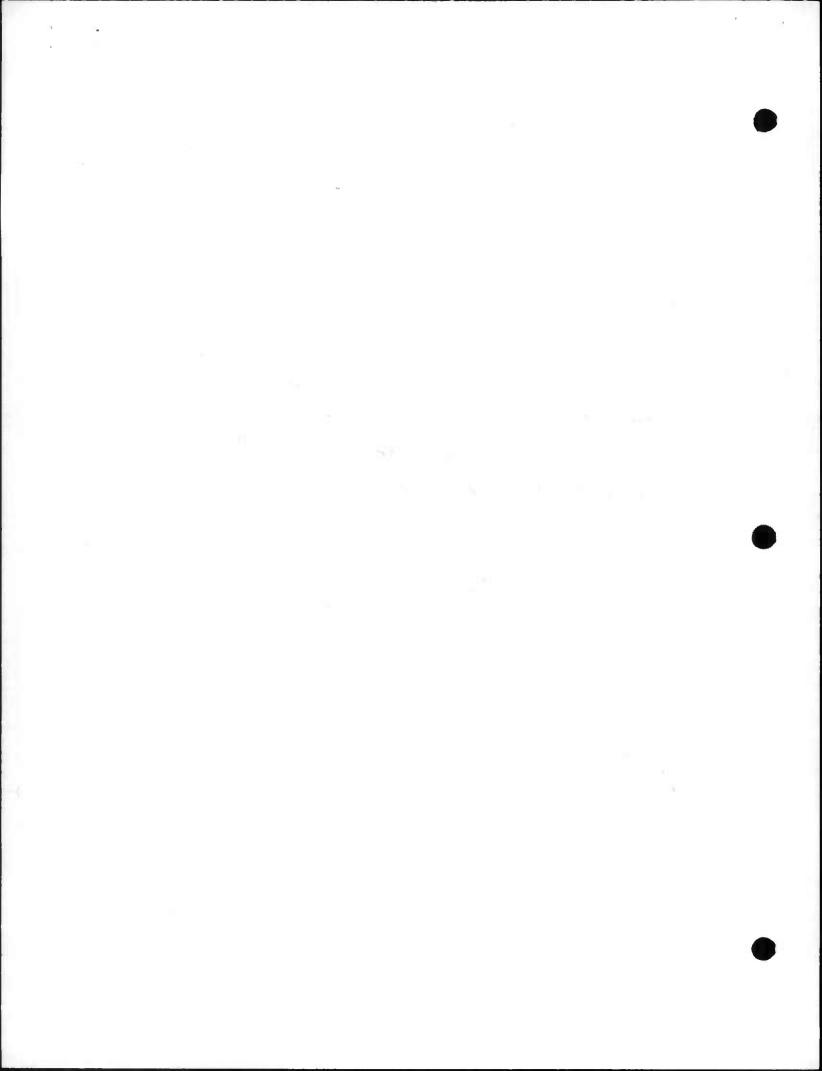
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAL		ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. 1	TIME OF DEATH
		MILDRED	KNIGHT	1		11-23-		~ 1	6:00 a M
				FUNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bit		CE (State or Foreign
	1 -20 02 220,		72 YRS.	MINS DAYS HOU	HS MIN.	06-28-	22	.,,	GINTA
~	9e. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN OR LO	CATION OF DEA	тн	9c. COUNTY O		
Ď	1512 N. BOND ST	PREET		BALTIM	ORE C	ITY	N	ONE	
DIRECTOR	10e. STATE 10b. COUNTY	-	10c. CITY, 1	OWN OR LOCATION	10			, INSIDE CITY	
E E	MARYLAND	NONE		BALTIM	CITY			LIMITS?	
AL	10e. STREET AND NUMBER			101. ZIP (		10g. CITIZEN OF WH.			
FUNERAL	1512 N. BOND ST	<b>FREET</b>			21213	UNITED			TATES
N N		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDED	NT OF HISPANI	C ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No- 14, R	ACE - /	American Indien,
ВУ	1 Never Married 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA		1 TES 2		, Pueno Hicen, etc.)	S	necthr:	
	15. DECEDENT'S EDUCA	ATION	18e. DECEDENT'S US	IIAL OCCUPATION		T			AMERICAN
COMPLETED	(Specify only highest grade c	ompleted)	(Give kind of work	done during most of w	orking	16b. KIND OF BUS	IINESS/INDUSTR	Y	
P	6th	College (1-4 or 5+)		RIAL WOR	KER	OFFI	CES		
OM	17. FATHER'S NAME (First, Middle, Last)		0 2 2 3 1 2 2 3			E (First, Middle, Meiden			
BE C	WILLIE RA	NDALL				Y CORNIE			A.
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DORESS (Street and Nur	mber or Rural Ro	oute Number, City or Town	n, State, Zip Code)	)	
=	STEPHANIE ABR	RAMS	1512	N. BOND	STREE	T BALTO	), MD.	2	1213
	20a_METHOD OF DISPOSITION 1 \( \text{\tinit}\text{\texict{\text{\text{\text{\texitiexet{\text{\text{\text{\text{\text{\text{\tinte\tintet{\text{\text{								
	1   XBuriel 2   Cremetion 3   Removal from State   Cesses of Control of Carlot of Ca								
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	_						
	Allek	un-				CRUGGS FI			
	22 PART . Enter the diseases, or co	mulications that coused	the deeth. Do not	enter the mode of	dying, such	as cerdiec or respin	ratory arreat,	MID	Approximate
	shock, or heart failure of iMMEDIATE CAUSE (Fine)	at only one ceuse on ee	ch line,					1	interval Between Onset and Death
	disease or condition a. Dehydration  Deliver to (or as a consequence of):								
1 1									
2	Sequentially list conditions,  Diarrhea, chronic  2								
CERTIFICATION	ocuse. Enter UNDERLYING  CAUSE. Chief (Disease or Injury)  CALISE (Disease or Injury)  CALISE (Disease or Injury)								
임	CAUSE (Disease or injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF:	decupiti		Tricing Trac	Tinfect	ons	
E	resulting in death) LAST	Immobilit	u 2 6h	nke.				1	years
ÄL	PART II. Other aignificant conditions Possible Alzheu	contributing to deeth bu	it not reaulting in t	the underlying ceus	se given in P	art i. 24a. WAS AN . PERFOR		AVA	RE AUTOPSY FINDINGS RABLE PRIOR TO
ŏ	POSSIDLE ATTORECE	THE CHINEDSE	e, vejerie	VALUE JOIN	VISEA	1 🗆 YES 2	XNO		IPLETION OF CAUSE DEATH?
W	010 700 4 000 1107 00 117							1 [	YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI				NCERTAIN	M			
Sic	EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	THER:	,				
448	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe	28b. TIME O	□ Nursing Home 5		Other (Specify)  28d. DESCRIBE HOW IN	IIIIDY OCCUPED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	WORK?		200. DESCRIBE HOW IF	SORT OCCURED		
Э ВУ	2 Accident Investigation 3 Suicida a Could not be	28e. PLACE OF INJURY	At home, ferm, stre-			261. LOCATION (Street a	nd Number or Run	ral Route	Number,
TED	4 Homicide datarmined	building, etc. (Specif	(V)			City or Town, State)			ava ec
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHYSICI	AN: To the best of my knowle	dgs, death occurred a	t the time, date and p	ace, and due to	the cause(s) and man	ner se stated		
OM I								e(e) end	manner ee stated.
	2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, dasth occured at the time, data and place, end due to the cause(e) and m  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month,								
) BE	Duftame 1) 11/23/94								
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)					
	Jennifer E.	Lawrence	, MD Jo	inns Hapki	175 Hos	putal 600	N. Wolfe	St.	Bathmore
	31. DATE FILED (Month, Day, Year) 11 /2 3 NO4-2 51	32. REGISTAR'S SIGNA	TURE POLICE	tl.					
	11/23NO42 51	774 Jun 00	DOWNER - NOWAND	-V					

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Catherine E. Knox    Catherine E. Knox   Cathe	I. INSIDE CITY LIMITS?  YES 2 M NO  COUNTRY?  American Indian, 1918, atc.
4. SOCIAL SECURITY NUMBER 212-52-9528  1  M 2  F  91  YRS.  6. AGE (in yrs. last birthdey) 91  YRS.  8. BIRTHPLAC Country) AUG. 16, 1903  8alto Balto 9a. FACILITY NAME (if not institution, give street and number) 13306 Bottom Road  Hydes  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Hydes  10d. The UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Year) AUG. 16, 1903  Balto 9a. COUNTY OF DEATH Baltimore  Residence of Decedent 10d. Hydes  10d. STREET AND NUMBER 13306 Bottom Road  10d. CITY, TOWN OR LOCATION Hydes  10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 13306 Bottom Road  10d. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 11S A	CE (State or Foreign City Md.  I. INSIDE CITY LIMITS? YES 2 NO COUNTRY?  American Indian, hite, atc.
212-52-9528  1  M 2 K F 91  91  YRS. MONTHS DAYS HOURS MIN. AUG.16,1903 Balto  92  AUG.16,1903 Balto  92  AUG.16,1903 Balto  93  AUG.16,1903 Balto  94  Baltimore  13306 Bottom Road  104  Baltimore  105  Baltimore  106  CITY, TOWN OR LOCATION  Maryland Baltimore  106  AUG.16,1903 Balto  107  Balto  108  Baltimore  109  CITY, TOWN OR LOCATION  109  CITY, TOWN OR LOCATION  109  CITY OF WHAT OR LOCATION  100  CITY OF WHAT OR LOCATION  100  CITY OF WHAT OR LOCATION  100  CITY OF WHAT OR LOCATION  100  CITY OF WHAT OR LOCATION OR LOCATION  100  CITY OF WHAT OR LOCATION OR LOCATION  100  CITY OF WHAT OR LOCATION OR LO	. City Md.  I. INSIDE CITY LIMITS?  YES 2 \( \subseteq \) NO  COUNTRY?  American Indian, hite, atc.
98. FACILITY NAME (if not institution, give street and number)  13306 Bottom Road  RESIDENCE OF DECEDENT  108. STATE  108. COUNTY  109. CITY, TOWN OR LOCATION OF DEATH  Hydes  100. CITY, TOWN OR LOCATION  Maryland  Baltimore  100. CITY, TOWN OR LOCATION  Hydes  100. CITY, TOWN OR LOCATION  100. CITY, TOWN	I. INSIDE CITY LIMITS?  YES 2 M NO COUNTRY?  American Indian, ita, atc.
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. Maryland Baltimore 10d. Hydes 10f. ZIP CODE 10g. CITIZEN OF WHAT 13306 Bottom Road  21082  11 S A	I. INSIDE CITY LIMITS?  YES 2 M NO  COUNTRY?  American Indian, 1918, atc.
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Baltimore  10c. CITY, TOWN OR LOCATION  Hydes  10d. TIP CODE  10g. CITIZEN OF WHAT  13306 Bottom Road  21082  11 S. A	I. INSIDE CITY LIMITS?  YES 2 NO COUNTRY?  American Indian, nits, atc.
Too. STREET AND NUMBER  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT IN A PROBLEM TO STREET AND NUMBER  103. CITIZEN OF WHAT IN A PROBLEM TO STREET AND NUMBER  104. ZIP CODE  105. STREET AND NUMBER  105. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  11. S. A	LIMITS?  YES 2 NO  COUNTRY?  American Indian, site, atc.
Too. STREET AND NUMBER  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT IN A PROBLEM TO STREET AND NUMBER  103. CITIZEN OF WHAT IN A PROBLEM TO STREET AND NUMBER  104. ZIP CODE  105. STREET AND NUMBER  105. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  11. S. A	COUNTRY? American Indian, lita, atc.
	American Indian, rita, atc.
13300 BOTTOM ROAD  11. MARITAL STATUS  11. Mover Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1	nita, atc.
12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Yes 2 No Specify: 1 Yes 2 No Specify: 1 No S	nita, atc.
Specify:   Specify:	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY	
Sth.    College (1-4 or 5+)   Housewife   Homemaker   College (1-4 or 5+)   Housewife   College (1-4 or 5+)   Homemaker   College (1-4 or 5+)	
8th. Housewife Homemaker  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	
도 늘을 뚫[∦ Unaries breedack   Mamie Thim	
Thelma K. Meinl  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  13306 Bottom Rd. Hydes, Md.21082	
209. METHOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION / Name of 11/22/Q/DATE 200 LOCATION - City of Town S	State
1X) Burlal 2 Cremation 3 Ramoval from State   1X Burlal 2 Cremation 3 Ramoval from State   Crematory or other-place    11/23/94 Glen Arm, Md.     1/23/94 Glen Arm, Md.	
22. NAME AND ADDRESS OF FACILITY  E. F. Lassahn Funeral Home 11750 Belair Road Kingsville, Md.210	
W F SH THE PERSON NORTH FINE AND A PROPERTY OF	.087
The state of the s	Approximate Interval Batween
MMEDIATE CAUSE (Final	Onsat and Death
resulting in death	I monk.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	
	j
The state of the s	
That Initiated events resulting in death) LAST  d. Surpho Stoling.	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in	RE AUTOPSY FINDINGS ILABLE PRIOR TO
The factor of the solid sign o	APLETION OF CAUSE DEATH?
DID TORACCO USE CONTRIBILITE TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITE TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITE TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITE TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY TO CALISE OF DEATH VES DAID DID TORACCO USE CONTRIBILITY T	YES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   2   NO   0   0   0   0   0    26. PLACE OF DEATH (Check only one)  EXAMINER OF DEATH   1   Inpetitant 2   ER/Outpetitant 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY (Month, Day, Vaar)  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?	
HOSPITAL: 1   Inpetiant 2   ER/Outpetiant 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH  288. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED	
O S S S S S S S S S S S S S S S S S S S	
28s. PLACE OF INJURY — At home, term, street, tectory, office 28s. LOCATION (Street and Number or Rural Route No. (Specify)  28s. PLACE OF INJURY — At home, term, street, tectory, office 28s. LOCATION (Street and Number or Rural Route No. (Specify)	Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	
(Check only one)  2 MEDICAL EXAMINENT On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month)	I manner as stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (Mont.	
PRS ≥ 0  NO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	94.
I BD. PAREKH MD. 1908 HARFORD ROAD PALLSTON MD. 2.	1047.
NOV2 5 1994 July Davidson Randell	



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

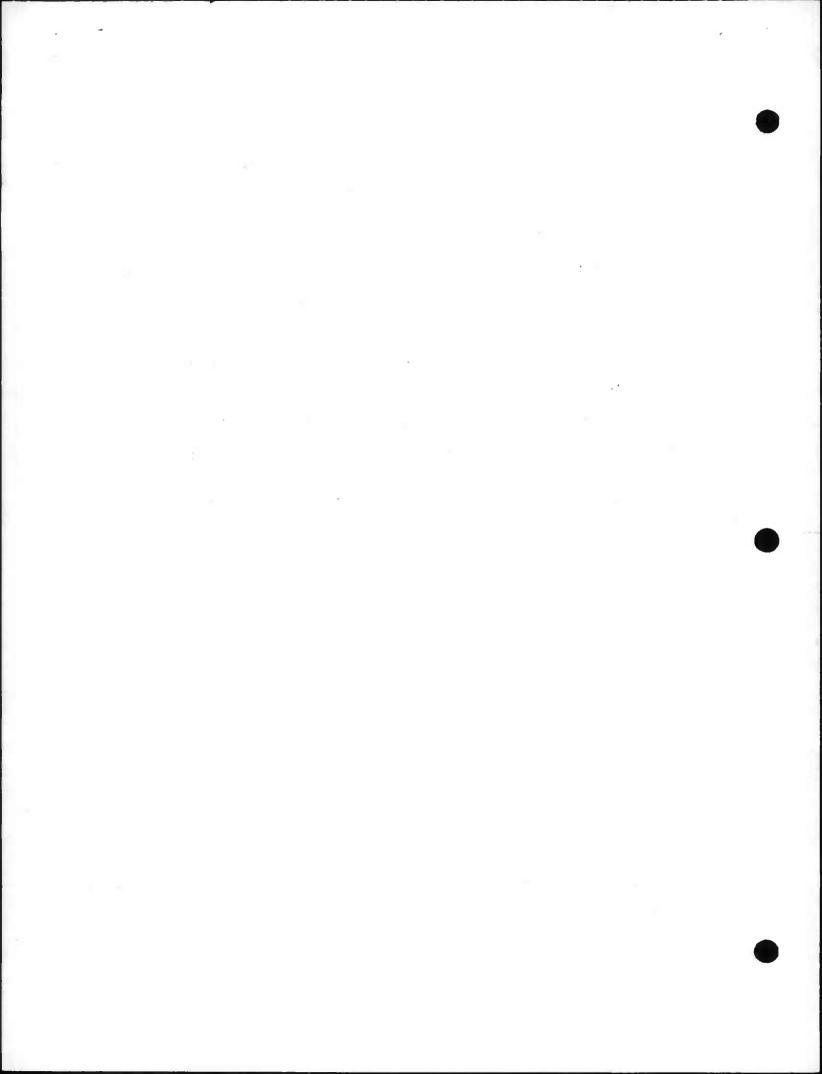
FOR				STATE	OF I	MARY	AND /	DEPARTM	FNT	n
	TIEMS:	23	PAKI	1,27	PER	MEU	6-720	2/9/95	reb	

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFI			MENTAL	HYGIENE REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE C	OF DEATH			AE OF DEATH
DONALD	KOWALEW	ISKI			NOV			4 9	:15 Am
4. SOCIAL SECURITY NUMBER	11.0	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day Vant	1954	Country)	(State or Foreign
	1-XM 2 □ F	40 YRS.			Aug	1.			
9e, FACILITY NAME (If not institution, give str				OR LOCATION OF D			9c. COUNTY	OF DEATH	
1516 ALICEANNA	STREET		BALT	IMORE C	ITY				
10e, STATE 10b, COUNTY		10c. CITY	TOWN OR LOCA	ATION				10d.	NSIDE CITY
Md.		В.	altimo	re					YES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEN	OF WHAT C	OUNTRY?
1516 Aliceann				21231				S.A.	
11, MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	S XIXNO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico	en, Puerlo Ri	(Specify Year lcan, atc.)	or No— 14.	RACE — An Black, White	nericen Indien, n, atc.
3 Widowed 4XXDivorced	IF YES, GIVE WAR OR	DATES	1 🗌 YE	S 2 X XIO Specif	fy:			Specify: Vhite	3
15. DECEDENT'S EDUC		16e. OECEDENT'S U	JSUAL OCCUPAT	ION	16b.	KIND OF BUSI			
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during m retired.)	ost of working					
12		Mainte	nance						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			urneme)		
Frank Kowalews	Ki			Esthe		erry			
190. INFORMANT'S NAME (Type/Print)  Frank Kowalews	le d			end Number or Rural					,
20a, METHOD OF DISPOSITION		0b. PLACE AND DATE OF		er Dr.,		Alr, N		21014	
1 Buriel 2 Cremetion 3 Remo	val from State	emetery, crematory or oth Greenmou	n r Cen	eterv 1	1./17		_		nte
21. SIGNATURE OF FUNERAL SERVICE LICE		or cermiou	7	ND ADDRESS OF FA		l bal	to.,l	na.	
· man	May	1	Lill	v & Zei	ler	Inc.	1901	212 East	231 tern Ave
23. PART I. Enter the diseases, or co	omplications that caus	ed the deeth. Do no							Approximate
shock, or heert fellure. L  iMMEDIATE CAUSE (Fine) disease or condition recuiting in death)		EROTIC CARDI	OVASCULA	R DISEASE					Intervel Between Onset and Desth
resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	):						
Sequentially list conditions,									
if sny, lesding to immediate csuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)	):					-	
CAUSE (Diseese or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF							
resulting in deeth) LAST								İ	
DATE II ON A MARKET									
PART II. Other significent conditions	contributing to deeth	but not recuiting in	the underlyle	ng ceuse given in	Part i.	24a. WAS AN A PERFORM		AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
						1 YES 2	□ NO	OF DE	LETION OF CAUSE ATH?
DID TODA CCO LICE CONTR	IDLITE TO CALLET	05.05.4711.3/54		7		/		1 🗆 '	rES 2   NO
DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH YES		-	ΝЦ				
EXAMINER?	HOSPITAL:	w. 47 v	OTHER:						
27. MANNER OF OEATH	28e. DATE OF INJUR	Y 28b, TIME	OF 28c. IN	ne 5 X Xeeldence		(Specify)	JURY OCCURE	D	
1 (Netural 5 Pending	(Month, Day, Year	) INJU	IRY W	ORK? YES 2 NO					
2 Accident Investigation 3 Suicide S Could not be	26e, PLACE OF INJUI	RY — At home, ferm, st	reet, fectory, offi	ce		TION (Street en	d Number or R	ural Route N	ımber,
4 Homicide determined	bulleting, etc. (Sp	весну)			City or	Town, State)			TE
29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my kno	owledge, death occurred	at the time, det	e end plece, end due	to the ceus	e(e) end menn	er ee stated,	_	
one) ZYMEOICAL EXAMINER		on end/or investigation						use(s) end n	nenner ee stated.
206. SIGNATURE AND THE OF CERTIFIED	11/1	1		29c. LICENSE NUI	MBER		29d. DATE SIG	NED (Month	, Day, Year)
MUNIT A	all I	J		O.C.M	. E		▶ NOV		,1994
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	111 Penr		ot Dal	timo	ro M	arula	nd 2	1201
31. OATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG		racte	et, Dal	C TIIIO.	LE, M	атата	1110 2	1201
NOV2 5 1994 Au	he dhudeon Re								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_		REGISTRAR				CE	:KIIF	CAL	E OF	DEA	TΗ	A	EG. NO.				
		1. DECEDENT'S NAME (First	, Middle, Lest)									2. DATE OF	DEATH			3. TIME OF	DEATH
		AGNES WILLEN	ME LANGE	NEEL DED								MONTH	DA		YEAR		
		4. SOCIAL SECURITY NUME		5. SEX								NOVEMBE		1994		11:00	
			PEH		6. AGE	(in yrs. iesi	birthday)	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E			6. BIRTI	HPLACE (State	or Foreign
		218–26–1322		1 M 2 F	81	L	YRS.	aron ing	LATE	HOURS	mere.	JANUARY		1913			MARYLAND
		9a. FACILITY NAME (If not in	estitution, give s	treet and number)				9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		20,		NTY OF E		THE LAND
	Œ	VILLA ST. MIC	TUNEI											70.000		Jeniti	
	CTOR	RESIDENCE OF DEC						BAL	TIMORE								
	입	10e. STATE	10b. COUNT	Y			10c. CIT	/ TOWN	OR LOCAT	ION						10d. INSIDE	OUTM
	DIRE	MARYLAND	AND IT A	OLIVIDE.						5315						LIMITS	
			ANNE P	VRUNDEL			MTL	LFH2/	/ILLE							1 YES	2 X NO
	ERAL	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNT	RY?
		8325 OAKWOOD ROAD 21108 USA															
	E S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. ARI	MED	13.	WAS DEC	ENDENT	OF HISPAN	NC ORIGIN? (S	pecify Yes	or No-		E — American	Indian
		1 Never Married 2				2 XNO If yes, specify Cuban, Mexican, Puarlo Rican,						, etc.)		Blac	k, Whita, alc.		
	3 M Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											WHITE					
		15. DECEDENT'S EDUCATION 18. DECEDENT'S USUAL OCCUPATION 18. KIND OF BUSINESS/MODISTRY															
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INOUSTRY															
		Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	15,971		o retirou.j									
ej l	불	12				HOME	MAKER					HOU	SEKEE	PING			
at once.	COMPL	17. FATHER'S NAME (First, M.	iddle, Last)							18. MOTI	HER'S NA	ME (First, Middle	e, Maiden .	Surname)			
70	ŭ l	WILLIAM FLETCHER SWANNER ISABELLA MCCALL															
E	00	WILLIAY FLE TUHER SWANNER  ISABELLA MCCAL  198. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
notified	임	ROBERT G. LAN	ICEVICEI D	ED													
9	ł			ER	_						WE. B	ALTIMOR					
must		20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b	PLACE A	ND DATE C	F DISPOS	SITION (Ne	me of		OATE	20c. LO	CATION —	City or To	own, State	
Ĕ		4 Donellon 5 Other	(Specify)		ŽĪ	ON CH	URCH (	EMET	ERY	NOVEM	BER 1	4, 1994	BALT	MORE.	MARY	YLAND	
examiner		1X Burlel 2 Cremation 3 Removal from State cemetery, crematory or other place) 4 Done-Hon 5 Other (Specify) ZION CHURCH CEMETERY NOVEMBER 14, 1994 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC.															
E	1	the const	- 170			7	7	L	ASSAH	N FUN	ERAL	HOME, I	VC.				
7401 BELAIR ROAD BALTIMORE, M											MARYL	AND 2	21236				
the medical	ı	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											ximate				
Ē				List only one cau	ise on a	ach lina.		_	_								al Between
the state of		IMMEDIATE CAUSE (Fin disease or condition	IBI	10 MG	ER	ea-	,	1	1 . 1 . 2	^	0 .					Onset	snd Dasth
f,	resulting In death) a. CENED~) C 1 HRDM /305/5																
other traumatic event,		OUE TO (OR AS A CONSEQUENCE OF):															
# 3	z I	Sequentially list conditions b.															
E I	CERTIFICATION	Sequantially list conditions,  If any, leading to immediata  DUE TO (OR AS A CONSEQUENCE OF):															
T .	5 II	cause. Enter UNDERLYING															
ğ !		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):															
0 0	<b>=</b>	resulting in death) LAST															
2 2	5	d															
any injury,	پ	PART ii. Other algnifica	nt condition	s contributing to	death b	ut not re	suiting i	n the ur	nderlying	cause ç	given in	Part i. 24a	WAS AN		24b	. WERE AUTOP	SY FINDINGS
2	EDICAL												PERFOR			AVAILABLE PI	
2 1	ה היים היים היים היים היים היים היים היי											—   ¹º	YES 2	□ NO		OF OEATH?	O. GAGGE
	Σ				_							_	•			1 - YES 2	NO
23 s	A N	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE O	F DEAT	TH YE	S 🔲 I	NO 🗆	UNC	ERTAIN	1 🗆					
E 3	<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			28. PLACE	E OF DEAT	H (Check	only one)						-		
ed, or item	<u> </u>	1 YES 2 NO		HOSPITAL:	ER/Oute	etlent 3	DOA	OTHE		5   P-	eldeco-	8 Other (Spi	noth)				
0		27. MANNER OF CEATH		28a. OATE OF			28b. TIME		28c. INJ		alderice			IIIBY OO	NIDEO.		
be g	Σ	5/ 5	Pending	(Month, D			INJ		WO	RK?	.	28d. DESCRIE	E HOW IN	JUNY OCC	UHEO		
marked,			investigation					M		ES 2	NO						
.22	2		Could not be	28a. PLACE O building.	F INJURY etc. (Spec	— Al hon	ne, ferm, s	traal, fact	tory, office			281. LOCATION	V (Street a	nd Number	or Rural F	Route Number,	
2 1		4 Homicide	determined		, , ,	,						Only or los	VII, State)				
E L		29a. CERTIFIER	EVINO BUVOU					111657	55. VVV	27 W 27 W	2000			-			
ANT: If ite	}			CIAN: To the best of													
불	5 II	2 MEON	CAL EXAMINE	R: On the besia of a	xaminatio	n and/or in	rvestigation	i, in my c	opinion, de	eth occur	ed at the	lime, data and	place, end	due to th	e cause(e	e) end manner	as stated.
E I	- 11	291 SUNATURE AND TITLE	OF CERTIFIER							29g. LICE	NSE NUM	BEN	$\neg \tau$	29d, DATE	ESIDNED	(Month, Day, 1	Sur!
MPORTANT: If item		Jasue	u	Jalel	2	6			1	1) -	2853	15		D 1	1/0	la.	
7	٩ŀ	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DE	ATH /ITEM	27) /Time	Profit		-	100	-			100	174	
A	V	TACMSCAL		14 110	AT OF DE	base :		11	01.	112		473 1	411	0	10.	1 1	11
4	1	11/31.5014	7.	アーナナナカ	1201	4 .4	20	141	RK	4/5	19	777	100	10	44	10 1	9
L	4	31. DATE FILED (Month DATE)	194 4	32/ TESIECTED	DES (BLOW	et poles										2120	£
T		MANY	0				4.5									3,70	



FAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 8 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

31. DATE FILED (MONTH, Day, Year) 5 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

UKa MD 2914 F 32. REGISTRANIE SIGNATURE Julia d'Audion Randall

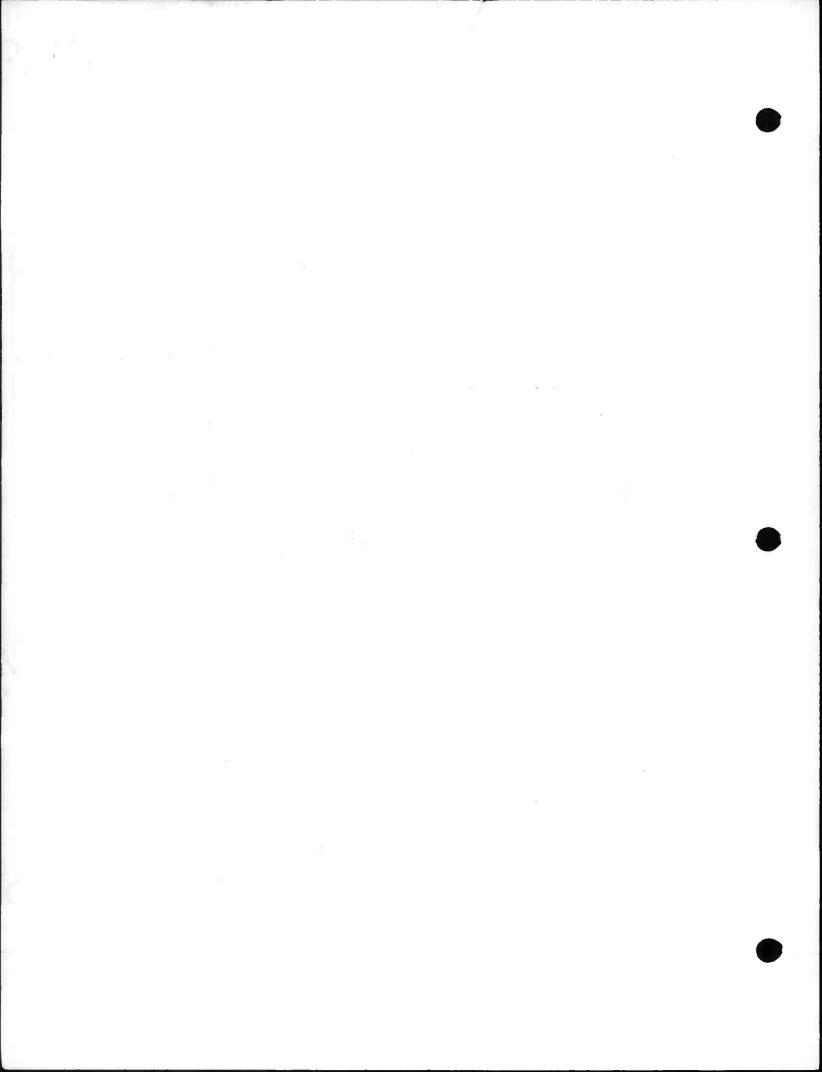
												·	
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR					MENTA	AL HYGIEN			
- 5	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH	-		3. TIME OF DEATH
	MARGARET ANNE	LeGRAND							NC	. Ž	Ö 19	994	2:30 A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHE	PLACE (State or Foreign
1	216-28-5200	1 🗌 M 2 💢 F	83	YRS.	MONTHS	DAYS.	HOURS	MIN.	4/	20/11		Pen	nsylvania
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF OR	<u> </u>		9c. COU	NTY OF OE	
OR	Meridian - Loch	Raven				To	wson					Ralt	imore
DIRECTOR	RESIDENCE OF DECEDENT											2010	INOLE
2						OR LOCAT							10d. INSIDE CITY LIMITS?
۵.		ltimore		P	erry	Hal							1 TES 2 XNO
3AI	10e. STREET AND NUMBER					101	r. ZIP COD	E	10g. CITIZEN OF			ZEN OF W	HAT COUNTRY?
FUNERAL	3907 E. Joppa R						2123					SA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO	13.	WAS DEC	ENDENT (	OF HISPAN	NIC ORIGI	N7 (Specify Yes	or No-	14. RACE Black.	- American Indian, White, etc.
87	3 🔀 Widowed 4 🗌 Divorced	MR OR DATES			1 TYES	2X NO	Specify		Thousand actors		Specify	y:_	
	15. DECEDENT'S EQU	tte DE	ECEDENT'S	lleum (								ite	
	(Specify only highest grade	completed)	(G	live kind of Do NOT u	work done	durina mo	ost of worki	ng	16	b. KIND OF BU	SINESS/IND	DUSTRY	
7	Elementary/Secondary (0-12)  12th Grade	College (1-4 or 5 +	,										
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		П	omem	aker		10 MOT	MED'S NA	ME (Firms	Middle, Maiden	0		
U U	Edwin J. Nancar								,				
00	19a, INFORMANT'S NAME (Type/Print)	h MAILING	ADDRES	e (Street e				Ozelle		Codel			
2	Margaret Rhoads												03.000
1	20a. METHOD OF DISPOSITION		20b. PLACE					Gart	n C		VIIIE		21030
	1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery cre	amatory or o	ther place	}		2.2					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7	and	Viemo 22	NAME AN	PK.	SS OF FA	<u>/ 23/</u>	941 H1	Llend	da Le,	Maryland
	Dh = + .	VI	- 4	,			on F			ome			
-	23 PART   Foter the diseases or complications the death Developer										D 21286		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Final Onset and Dea												
1	resulting in death)									munth			
	DUE TO (OR AS A CONSEQUENCE OF):												
8	Sequentially list conditions, Tb. Acoression, Mayor Lycan											LYEAR	
Ĕ	if any, leading to immediate couse. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	りニノ								
2	CAUSE (Disease or injury	c	(OR AS A CONSE	Olichos o									
RTIFICATION	that initiated events resulting in daeth) LAST	502 10	(OH AS A CONSE	GOENCE O	P):								1
E		d											
	PART II. Other significant condition	s contributing to	deeth but not i	resulting	In the u	nderiying	g ceuse (	given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ΨI													OF DEATH?
=													1 YES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL			-		26, PL	ACE OF D	EATH (Che	eck only o	ne)			
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: raing Hom	e 5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
호	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW I	NJURY OCC	CURED	
BY	1 Accident 5 Pending Investigation	(Month, Da	ay, rear j	IN.	M	_	RK? YES 2	] NO					
	3 Suicide 6 Could not be	28e, PLACE Of	F INJURY — Al ho alc. (Specify)	me, farm,	street, lac	tory, office	•		281. LO	CATION (Street a	and Number	or Rural Ro	ute Number,
ш	4 Homicide determined	ounding,	ше. (ореспу)		1				City	or Town, State)			
1	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eth ochum	La John	time, date	and place	and due	to the co	use(e) and m-	mer es et-	ed.	
COMPLET	(Check only one) 2 MEDICAL EXAMINE			///									and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	950	(///	111	/								
B	29C. CICENSE NOMBER 29G. DATE SIGNED (MININI), L								die				
임	30 NAME AND ADDRESS OF PERSON WIL	O COMPLETED CALL	E OF DEATH ATT		240			U	16	6/		11/01/	77

Joppa

_	
-	
w	
ယ	
×	
$\cap$	
_	
00	
~	- 3
<b>O</b>	
а.	4
93	
$\cap$	
_	
Ε.	
	1
$\sim$	
~	٠
-	
$\mathbf{r}$	
_	
-	
4	
_	ŀ
and the last	
VITAL RECORDS, P.O. BOX 687	-
	ż
1	3
~	- 3
2	-
_	0
_	(
7	4
_	-
=	3
18	4
	3
MOISION	The state of the s
2	3
о.	
	3
	- 1

IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit nermin Panes 1.2 sebuild	the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
YSICIAN	s certifica	th the St	d, or 1	
ING PH)	After this	feath wit	marke	
LEND	JOH /	affer o	28 IS	
2	Sec.	Ž	Hen.	
5	UNERA	7 U	Ę	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Hilda	Frances Lea	onard			Nov. 23	1994	12:27 a M	
3	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF INVIER 24 MRS	7 DATE OF BIRTH	a BIDTI	IPLACE (State or Foreign	
	216-10-7956	1 □ M 2X□ F 9	2 YRS.	NTHS DAYS	HOURS MIN.	Aug. 25, 1	902 Mar	ÿland	
	9a. FACILITY NAME (If not institution, give				R LOCATION OF DE		9c. COUNTY OF C	PEATH	
5	Meridian Nursing	Center-Multi	Medical	Tow	son		more		
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION		10d, INSIDE CITY		
DIRECTOR	Maryland Bal	ltimore		Luthe	rville		LIMITS?		
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF		
FUNERAL	620 College Aver	nue			21093		US.	A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yea	or No- 14. RACI	E — American Indien, k, White, etc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES		, Foarto Rican, atc.)	Spec	"White	
	15. DECEDENT'S EDU	JCATION	18a. DECEDENT'S USU	IAL OCCUPATION	IN .	16b. KIND OF BUS		MITTE	
COMPLETED	(Specify only highest gradi	completed) College (1-4 or 5+)	(Give kind of work life. Do NDT use rei	done during mo	st of working	IOU. KIND OF BUS	MESS/MDUSTRY		
AP	Unknown		Seamst	ress		Furnitur	e Uphols	tery Busines	
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden 3			
BE (		nknown Hoeri				ie Unknow			
2	190. INFORMANT'S NAME (Type/Print)  Judith Ellen Belt	_				oute Number, City or Town			
						therville			
	20e. METHOD OF DISPOSITION  1	10val from State MCG	PLACE AND DATE OF DI elery. Cometory or other CO CIEMA CO	ISPOSITION (Na	me of		CATION — City or To		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FAC	ILITY	ltimore,	עוצו	
	· Haum of 1	no Amala	l	<b>lacNabl</b>	Funeral	Home, P.A	١.		
$\dashv$	Dawn F. McDon 23. PART i. Enter the diseeses, pr	and o vivoor		BO1 Fre	derick R	oad Balti	more, MI		
	ahock, or haert failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	List pnly one ceuse on a	ech line.			to gollabet	-1-1-1-1	Approximata intervel Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
AL C	PART II. Other significent condition	ns contributing to death b	ut not resulting in th	na underlying	ceuse given in P	ert J. 24a. WAS AN		. WERE AUTOPSY FINDINGS	
S						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC						_		OF DEATH?	
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAIN			37.	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C						
YSI	1   YES 2   110	1   Inpetient 2   ER/Outp		HER: Norsing Home	5 - Realdenca 6	☐ Other (Specify)			
F	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED		
ВУ	2 Accident Investigation				ES 2 NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, tarm, atree!	t, tectory, office		28f. LOCATION (Street ar City or Town, State)	nd Number or Rural F	Route Number,	
E I	29a. CERTIFIER						-05 302.00		
COMPLETED		ICIAN: To the best of my knowledge. On the basis of examination						end manner ea stated.	
	29b. SIGNATURE AND TITLE OF CENTIFIE				29c. LICENSE NUME	BER	29d. DATE SIGNED	(Month, Day, Year)	
\( \) \( \)									
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA			-	- "	-		
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA		1 Driv	Ψ /	Juson, V.	W. 210	104	
	NOV 2 5 1994	Tali d'audion Re	dell						



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should once. notified at ě must medical examiner completely filled in by the 0 the cremation or other traumatic event, HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within burial, and prior to signed by the attending physician Health and Mental Hygiene prior to Injury, 23 shows any has been 0 Dept. this certificate his with the State I Item 10 marked, death DIRECTOR: After 49 TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: ; be filed within 72 hours after or IMPORTANT: It Item 28 is

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

EWA

NOV 25

RA

1994

41

32. REGISTRAR'S SIGNATURE

## Item# 1. G-film 717 per F.H 11/25/94 P,C STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Las 2 DATE OF DEATH 3. TIME OF DEATH ester 19:45 DNA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH B BIRTHPLACE (State or Foreign 5 1 📈 M 2 🗆 F DAYS HOURS YRS. 14 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10a. STATE BQ HO 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12 21229 000 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE American Indian, White, atc. It yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Mach 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY undary College (1-4 or 5+) ovenar lan 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle perta er 19b. MAILING ADDRESS (Street and Nu vn. State. Zip Code 21 20a, METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (N DATE 5 Other (Specify) OF FUNERAL SERVICE LIGENSEE 2/2/5 10 abush L Alve Sch 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heert feilure. List only one cause on eech lina. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SEPSIS resulting in deeth) DAY DUE TO (OR AS A CONSEQUENCE OF) BRAIN MASS 2 hour 6 wh Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING IHO Premiorio CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST AIDS yea. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpetiant 2 - ER/Outpetiant 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and menner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER redical chodelle 4 2061 Remaeu WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GNES HOSPITAL

900 CATON

0
8
T
LO
12
-
Ċ
6.4
-
-
P
1
RY
-
ш.
⋖
-
5
_
III.
Щ
RE,
)RE,
ORE,
AORE,
MORE,
IMORE,
TIMORE,
F
F
F
F
E
F
F
F
F
F
F
F
F

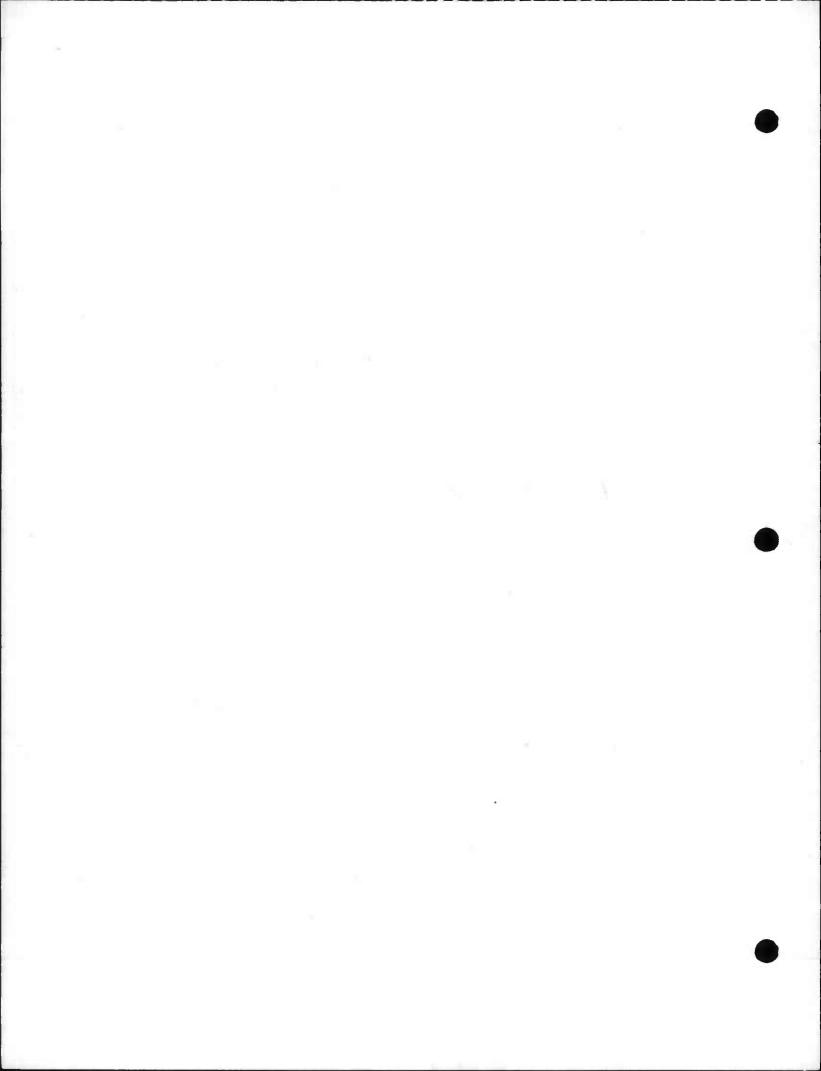
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an anomal page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)						OF OEATH			TIME OF D	EATH	_
	WILLIAM	LEWIS				NOVE		8 19	94 (	6:16	a	M
	4. SOCIAL SECURITY NUMBER 213-10-2139	1 🔀 M 2 🗆 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) st 27,19		Country)	ACE (State o	or Foreign	
·	9e. FACILITY NAME (If not institution, give str	reet and number)	9		R LOCATION OF D	EATH		9c. COUNTY	OF DEAT	/н		
DIRECTOR	THE JOHNS HOPKINS	5 HUSPITAL		BALIIM	ORE CITY	Υ						
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10	d. INSIDE	CITY	_
	Maryland		Baltim	are					1	LIMITS?	□ NO	
FUNERAL	100. STREET AND NUMBER			10f	ZIP CODE			10g. CITIZEI	OF WHA	T COUNTR	Y?	
NE	3318 Barrington Road	12. WAS DECEDENT EVER IN			21215	_		USA				
	1 Never Merried 2 Merried	ENDENT OF HISPA ecify Cuban, Mexic	an, Puerto		or No- 14	Black, W	American Vhite, etc.	Indian,				
В	3 Wildowed 4 Divorced	2 NO Speci	lfy:			Specify:	Black					
TED	15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of wor	k done during mo-	ON st of working	16b	. KIND OF BUS	INESS/INDUS				_
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)	rs College	Electronic '	leomicia	18. MOTHER'S NA		ational_		y Age	ncy		_
	Robert Lewis				Bessie		widdie, Maiden	surname)				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street e	nd Number or Rural		ber, City or Town	n, State, Zip Co	ide)			_
F	Rowena Lewis		3318 Bar	ringtan F	Cood Balti	more,	Marylan	d 21215	)			
	20e. METHOD OF DISPOSITION  Duriel 2 Cremetion 3 Remo	oval Irom Stata 20b	. PLACE AND DATE OF betery, cremetory or other	DISPOSITION (Na	me of	DAT		CATION — CII)	or Town,	Slate		
	4 Donalion 5 Other (Specify)	- Ga	netery, cremetory or other	adt Veter	ans	11/2	3 Owin	gs Mill	s Md.			_
	· Kerin	Parker		2501 GM	ynn Fals	Parkwa	utter Fu ay Balti	neral H More, M	ones bryla	Inc. ind 21:	216	
	23. PART i. Enter the diseases, or co	omplications that caused	tha death. Do not	anter tha mod	de of dying, auc	ch as card	diac or reapi	retory arrest	li,	Approx		_
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsi	S							Onset	and Deat	th
		OUE TO (OR AS A	CONSEQUENCE OF):								7	2
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:							-		_
CAT	if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury											
Ė	that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF):							1		_
Ë	resulting in death) LAST									ļ		
AL C	PART II. Other aignificant conditions		ut not reauiting in	tha underlying	cauae givan in	Part i.	24a. WAS AN			ERE AUTOPS		è
2	Pulmorary E	meiloda	, Dem	entre	4		PERFOR		co	MPLETION		
MEC			,				,	~		DEATH?	NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO 🗖	UNCERTAI	N 🗆						
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH	(Check only one)								_
HYS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ☐ ER/Oulp 28a. DATE OF INJURY		☐ Nursing Home	5 Residence	_	r (Specify)					_
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOI		280. OES	CHIBE HOW IN	IJUNY OCCUR	EO			
р ву	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre		10.7	281. LOC	ATION (Street a	nd Number or	Rural Rout	n Number,		_
ETE	4 Homicide determined	ounding, atc. (opac				City	or Town, State)					
COMPLETED		CIAN: To the beat of my knowl										
S S	2 MEDICAL EXAMINER	: On the basis of examination	end/or investigation,	in my opinion, de	eath occured at the	Ilme, date	end pleca, and	due to the c	ause(a) an	d menner	es stated.	
BE (	29b, SIGNATURE AND TITLE OF CERTIFIER	1 //	1 1	^^	29c. LICENSE NUI	MBER	-	29d. DATE S	GNED (MC	onth, Day, Ye	er)	_
5	30. NAME AND ADDRESS OF PERSON WHO	7 MUL		11/	1633	>		<b>P</b> []	/18	: /91	4	
	The state of the s	COMPLETED CAUSE OF DE	11.0	3. ,	500 N.	WOIF	e st.	0 0	1	-	,	
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S SIGNA	ATURE		1201134	2 VG	, ~ (		177	4		_
	NOV 25 1994 A	di Studeon Re	dell									



<b>MARYLAND 21215-0020</b>
BALTIMORE, M
BOX 68760

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an industrial of the form of the control of the contr IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	OTHE OF MARKE	CERTIFI	CATE C	F DEATH	MENTAL	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				· .	2. DATE O		MEAG	3. TIME OF DEATH		
Geralyn L. Lyn	ch Lee				NOV	17,	1994	м		
EEE 44 004E		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF	BIRTH Day Year)	S. BIRTH	IPLACE (State or Foreign		
3/7-44-9247	1 🕅 2 🗆 F	62 YRS.	MONTHS DAT	/S HOURS MIN.	July	22,193	2 Nort	h Carolina		
9a. FACILITY NAME (If not institution, give street	,			VN OR LOCATION OF D			COUNTY OF D	EATH		
4013 W. Forest Par	k Avenue		Balti	more						
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c CITY	TOWN OR LO	CATION				404 110105 0171		
			timore					10d, INSIDE CITY LIMITS?		
Maryland  100. STREET AND NUMBER	-	Dark	T	101. ZIP CODE		140	- OUTITEN OF I	1 V YES 2 NO		
4013 W. Forest Par	k Avenue			21207		100	US			
	2. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		DECENDENT OF HISPA , specify Cuban, Mexico			io— 14. RACI	E — Americen Indien, k, White, etc.		
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		YES 2 NO Specif				Black		
15. DECEDENT'S EDUCAT (Specify only highest grade co.		16a. DECEDENT'S U	JSUAL OCCUP	ATION I most of working	16b. K	IND OF BUSINES	SS/INDUSTRY			
	College (1-4 or 5+)	life. Do NOT use	retired.)	Those of working						
GRADUATE		Seamstre	ess							
17. FATHER'S NAME (First, Middle, Last) Rufus Lynch			_	18. MOTHER'S NA	ME (First, Mic	idle, Maiden Sum	ame)			
				Mattie						
199. INFORMANT'S NAME (Type/Print) Hannah Lynch		2538 E	reder	et end Number or Rural	Balt	City or Town, Str	121223			
20s. METHOD OF DISPOSITION  12 Suriel 2 Cremetion 3 Remove	201	. PLACE AND DATE OF	FDISPOSITION	(Name of	DATE	20c. LOCATIO	ON — City or To	rwn, State		
4 Donetion 5 Other (Specify)	of from State	etery, cremetory or oth	er place)		11/22		Mills, I			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOTES INC.										
▶ Kevin Fanker 2501 Gwynn Falls Parkwey Baltimore, Maryland 21216										
23. PART I. Enter the dissses, or compilestione thet esused the deeth. Do not enter the mode of dying, such as cerdied or respiratory errest, shock, or hasn failure. List only one cause on each line.										
IMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final									
resulting in death) e.		CDNSEQUENCE DF)	):							
	Caranary He	art Disease	9							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE DF)	):							
Cause, Enter UNDERLYING CAUSE (Disease or injury										
thet initieted events resulting in deeth) LAST	DUE TO (DR AS A	CONSEQUENCE OF)	:							
d.										
PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underl	ying cause given in	Part i. 2	4a. WAS AN AUTO	OPSY 24b	. WERE AUTOPSY FINDINGS		
Chronic organi	ic brain syndr	ame				PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
cellutites					'	I T AES 5 TXI	NO	OF DEATH?		
DID TOBACCO USE CONTRIB	BUTE TO CAUSE C	F DEATH YES	5 🗆 NO	UNCERTAI	пП			1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH								
	IOSPITAL:  Inpatient 2 ER/Outp		OTHER:	Home 5 - Reeldence	6 Other /	Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	OF 28c.	INJURY AT	_	PIBE HOW INJUR	RY OCCURED	-		
1 Netural 5 Pending	(Month, Day, Year)	INJU		WORK?						
2° Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	— At home, farm, et	rest, fectory, o	office		ION (Street end N	lumber or Rural I	Route Number,		
4 Homicide determined	bullding, etc. (Spec	ony)			City or	Town, State)				
290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, death occurred	at the time	date end place, and due	to the course	(s) and manner	ee stated			
(Check only one)  2 MEDICAL EXAMINER:								e) and manner as stated.		
296. SIGNATURE AND TITLE OF CENTERIES	10			29c. LICENSE NUI				(Month, Day, Year)		
MAL MO	Hell			1)183	27	290	11/2	1/54		
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. 1	Print)	11100			10			
	Mogus Gebrumariam M.D. 4660 Wilkens Avenue Baltimore Manyland 21229									
NOV. 2.5 APOL	32. REGISTRAR'S SIGN		DELLI IIIO	waryland		1	_			
I ( I'Y) MAN / I'YY ALD	4 Williams	de tt								

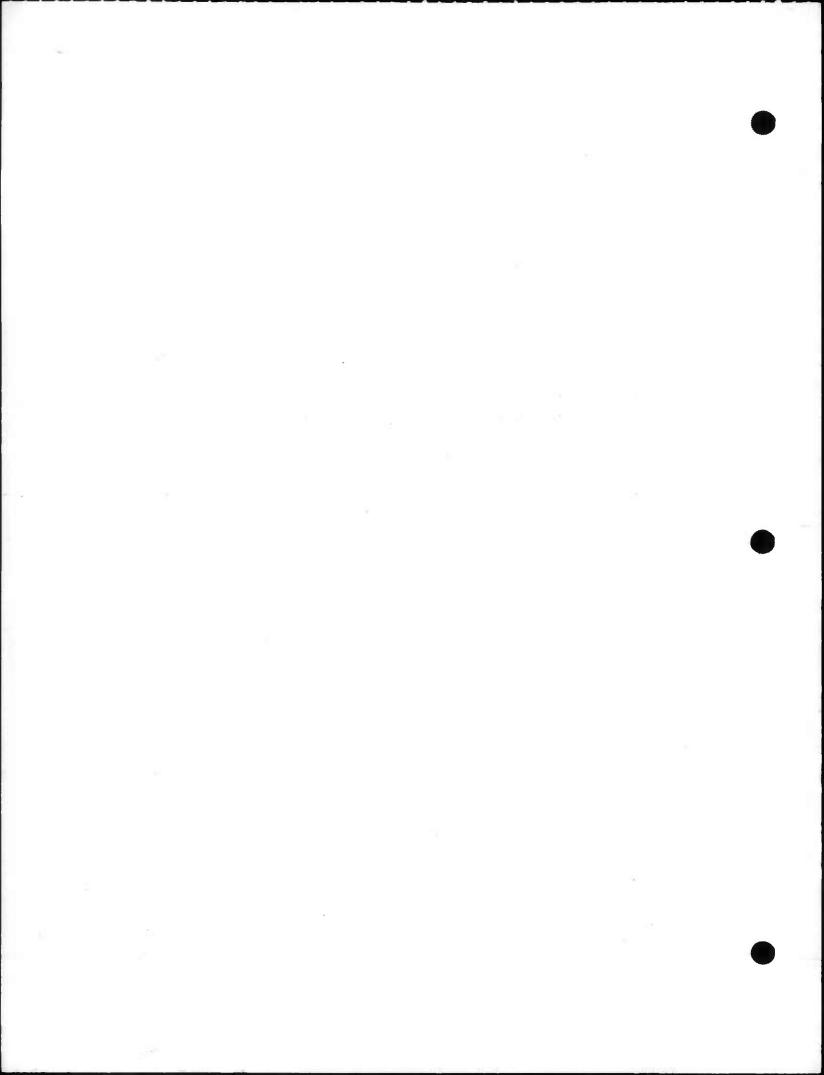
TO BE COMPLETED BY FUNERAL DIRECTOR

•
0
9
68760
~
3
Θ
-
<u> </u>
O.
=
BOX
P.0
$\mathbf{\circ}$
~'
ш
S
~
CC.
=
O
RECORDS
$\sim$
ш
œ
VITAL
7
ч.
⊱_
_
>
ш
OF
$\circ$
-
~
IVISION
V
7.7
S)
_
>
=
$\Box$

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to a fler death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

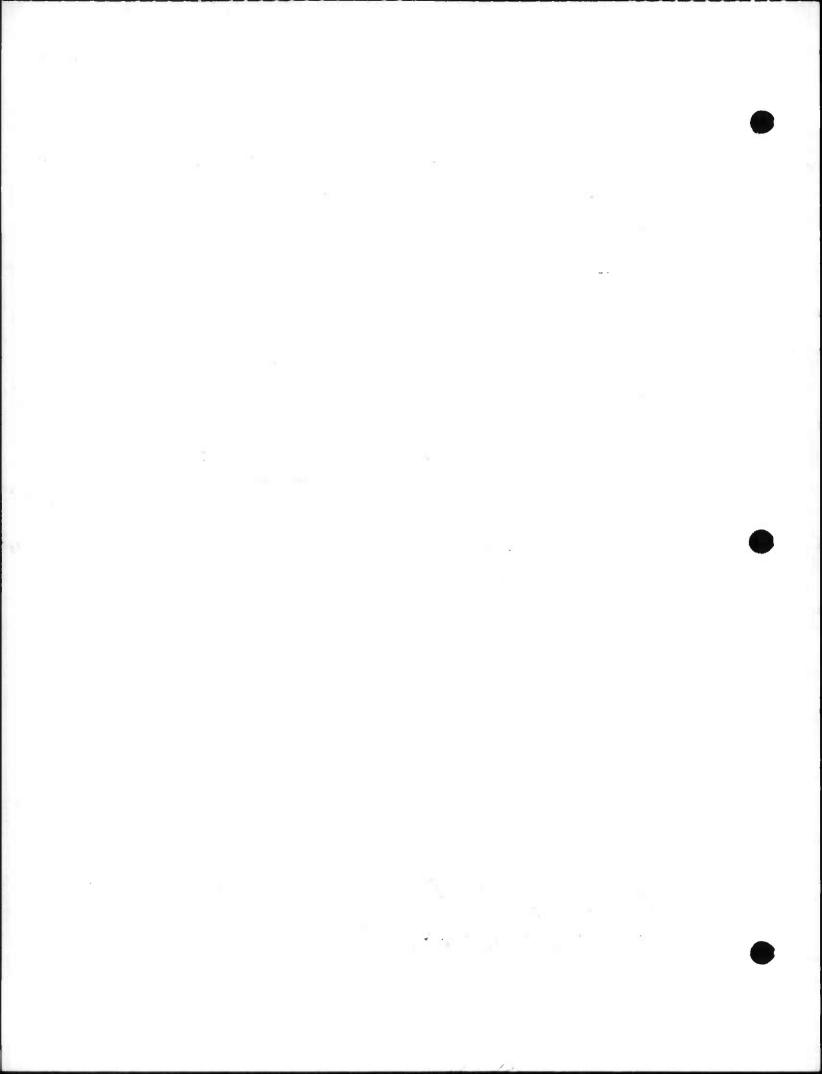
FOR STATE REGISTRAR	STATE OF MARYLAND /		ENT OF H		MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH	
FLORENCE !	B. MCCUL	LOU	GHI		MONTH / DAY	3/96	10:12 Pm	
	6. SEX 6. AGE (In yrs. les	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
211-11-7125	□ M 2 1/2 F 82	YAS.	10		Jan. 13,19		Maryland	
90. FACILITY NAME (If not institution, give stree St. Agnes Hospital		9b		altimore		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNTY	24.1	10c. CITY, TO	OWH OR LOCATI				10d. INSIDE CITY LIMITS?	
Maryland Baltimore Catonsville 1  100. STREET AND NUMBER 1001, ZIP CODE 1001 CITIZEN OF WAND								
707 Maiden Choice	Lane		107.	21228	- 1	-	J.S.A.	
	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X N	IMED NO			IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No 14.	RACE — American Indien, Black, White, etc.	
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 № NO Specify			Specify: White	
15. DECEDENT'S EDUCAT (Specify only highest grade col			JAL OCCUPATIO done during mos		18b. KIND OF BUSI	NESS/INDUST	TRY	
Elementary/Secondary (0-12)		. Do NOT use rel	tired.)	i or worning				
12		Home	maker			Home		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	urname)		
Alexander Booth  190. INFORMANT'S NAME (Type/Print)				Maude T				
Joanne Mitchell (1	Daughter) 2	306 Wo	ndervi	ew Road	Route Number, City or Town, Timonium Ma	State, Zip Coo arylan	ad 21093	
20e. METHOD OF DISPOSITION 1 CREMENT 2 Cremetton 3 Remove	20b.PLACE	AND DATE OF DI	ISPOSITION (Nar	ne of 11-28-94			or Town, State	
4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNE NAL SERVICE LICEN		wn cem		D ADDRESS OF FAC		diawn,	Maryland	
1/40	115/1		Leroy	M & Russ	ell C Witz	ke Fun	eral Homes	
K. 001/1	Night f		1630 E	dmondson	Avenue Ca	tonsvi	lle Maryland	
23. PART i. Enter the disessas or con shock, or heert fallure. Lis	nplications that caused the de it only one cause on each line	ath. Do not e	enter the mod	le of dying, such	n es cerdiec or respir	atory errest	, Approximete interval Between	
IMMEDIATE CAUSE (Final disease or condition	ANEMIA	r					Onset and Death	
reaulting in death) a	DUE TO (OR AS A CONSEC						3 DA72	
Sequentially list conditions, b.	GI BLEE						LWK	
if sny, leading to immediate	OUE TO (OR AS A CONSEC	/	0	70				
CHOOL (Disease of Hilling)	STRESS DUE TO (OR AS A CONSEC		LCE	K			_	
that initiated events resulting in deeth) LAST	DUE TO (OH AS A CONSEC	DUENCE OF):						
d								
PART ii. Other significent conditions of							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ATHEROSCUE	FOIL COR	ONA	RY	DISEAS	E 1 YES 2	1	COMPLETION OF CAUSE OF DEATH?	
				<del></del>	_   ′	`	1 TES 2 NO	
DID TOBACCO USE CONTRIE			□ NO 🔯	UNCERTAIN	V 🗆 📗			
	IQSPITAL:	E OF DEATH (C	Check only one)					
1 YES 2 7 NO 1	Inpatient 2 ER/Outpatient 3	DOA 4 D	_		8 Other (Specify)			
1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	IK7 ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCUR	ED	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho	me, ferm, street	t, factory, office		28f. LOCATION (Street an	d Number or F	Rural Route Number,	
4 Homicide determined	building, etc. (Specify)			ĺ	City or Town, State)			
29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge deeth occurred at the time date and alone and disc to the according to the second alone.								
CENTIFIER (Check only 000)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.  Description only 000  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				
AWadharia RESIDENT I 2071 200. DATE SIGNED (Month, Day, Year)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  DR WADHAVKAR STAGNET HOSP 900 CATON AVE BALDMORE								
31. DATE FILED (Month, Day, Year)	32 REGISTERS SEGMANN	1100	٠ در د		000000	1	4D 21229	
MUVEDISSI								



1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		TIEGIOTIBUT					UAIL	. 01	DLA	111		HEG. NO			
		1. DECEDENT'S NAME (First, Middle		an							2. DATE O	F DEATH	AY .		. TIME OF OEATH
					MCROR						Nove	November 24, 1954 10:10 P			10:10 P M
		4. SOCIAL SECURITY NUMBER	5. SEX		(in yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		Country	ACE (State or Foreign
9		122-12-1942	1X M 2		76	YRS.	mumins	DAYS HOURS MAN. Sept. 26, 1918 North Car					Carolina		
3 should											9c. COUN	ITY OF DEA	тн		
2, 3	CTOR	3897 Sinclair						Ba	altim	ore					
<del>-</del> -	딥	RESIDENCE OF DECEDER	OUNTY												
Pages	l cc	1 10 10 10 10 10 10 10 10 10 10 10 10 10	CONT			10C. CITY	Y, TOWN O								Dd. INSIDE CITY LIMITS?
permit.	٦	Maryland 100. STREET AND NUMBER					RgT	timo					_		YES 2 NO
	FUNERAL	110 10000000000000000000000000000000000	-					101	. ZIP COOL						AT COUNTRY?
020 physician. burial-transit	W W	3897 Sinclair				21213						USA			14
020 physician burial-trar	문	1 Never Married 2 Married	FORCES	CEDENT EVER	2 N							Puerto Rican, etc.) Blac			- American Indian, White, atc.
5-0020 Inding physic as the burial	B	3 Widowed 4 Divorced	IF YES,	GIVE WAR OR	W II		1	☐ YES	2 X NO	Specify	у:			Specify:	White
		15. DECEDENT	S EDUCATION			EDENT'S	USUAL OC	CUPATIO	ON		165.1	IND OF BU	SINESS/IND		WITCE
212	1	(Specify only highes Elementary/Secondary (0-12)	coilege (1-	4 or 5 a)	(Gh	re kind of w Do NOT us	vork done d	luring mo	st of workin	g	190.		0111230/1110	031111	
		12	Solinge (F	40134)		Prin	ter				T I	rint	ing C	ompan	V
The hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Le	est)				-		18. MOTH	IER'S NA	ME (First, Mic			Ompan	У
2 8 8 Z	ы ш	Henry McRorie							Ι.	Inkno		Balc			
MARYL retained by ti 5 should be	0	19e. INFORMANT'S NAME (Type/Prin	")		19b.	MAILING	ADDRESS	(Street a			Route Numbe			Code)	
e 5 s		Rachel Erim									Dr.,				A 22066
6 may be		20a. METHOO OF DISPOSITION	10	20	b. PLACE A	ND DATE O	FDISPOSI	TION /Na	me ol		DATE	_	CATION —		
1. Page 6 ma eral director, p		20a. METHOO OF DISPOSITION  1												more,	MD
- Pag	5	21. SIGNATURE OF FUNERAL SERV						D ADDRES							
P L	EVA .	1. Year	e lette	The same							ERAL F			MT	21214
Is after on by the removal.		23. PART I. Enter the disease	a, or complication	ns that cause	ed the des	th. Do n	ot anter	the mo	da of dvi	ng suci	Rd., E	Salti	liore,	MU	21214 Approximate
d in by the or remove		anock, or heart to	llure. Liat only or	ne cause on	each lina.	1						o bi idop	natory arr		Interval Batween
ly filled ation, or		IMMEDIATE CAUSE (Final disease or condition	S	nall	(0	11	1111	0	Ca.	101					Onsat and Death
ompleter		resulting in death)	a	UE TO (OR AS	A CONSECU	UENCE OF	7: /	1	an						
executed and com o burial,		2007/100/000/000/00	Ф. Б.				L								1
be exection are	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	0	UE TO (OR AS	A CONSEO	UENCE OF	):								
thysic price	2	CAUSE (Disease or injury	с										_		
certificate ding physical hygiene pri	E	that initiated events resulting in death) LAST	· °	OUE TO (OR AS	A CONSEOL	UENCE OF	7):								
rtal H	i iii		d												
that the death ed by the attent and Mental H	į į	PART II. Other significant con	ditiona contribut	ing to dasth	but not ra	aulting is	n the unc	dariying	cause g	lven In	Part I. 2	4a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
that the sed by the and the and	EDICAL											PERFOR		0	MILABLE PRIOR TO OMPLETION OF CAUSE
sign Healt											_	YES 2	MO	1.0	F DEATH?
e law requebase been of h	2	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O	OF DEAT	H YF	SIN	10 [	LINC	FRTAIN	<u></u>			'	YES 2 NO
AN: The law ifficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL		26. PLACE			_	. 0.10						
PHYSICIAN: The law requires certificate has been with the State Dept. of	SIC	EXAMINER?	HOSPITA t ☐ Inpatie	AL: nt 2 - ER/Out	Ipatient 3	DOA	OTHER		• 5 PA	sidence	S - Other (	Specify)			
With the		27. MANNER OF DEATH	28a. D/	ATE OF INJURY lonth, Day, Year)		28b. TIME	E DF	28c. INJ	URY AT				NJURY OCC	URED	
	ВУ	Natural 5 Pending 2 Accident Investig		onin, buy, roury		mo	M	1 🗆 Y	RK? (ES 2 [	NO					
ATTENDING ECTOR: After s after death	2 0	3 Suicide 8 Could n	Dr. De	ACE OF INJUR	Y — At hom	ne, farm, s	treet, facto	ry, office	•			ION (Street Town, State)	and Number	or Rural Rou	le Number,
DR ATTENDING DIRECTOR: After hours after death		4 Homicide determin	1ed												
	P	29e. CERTIFIER CERTIFYING	PHYSICIAN: To the	beat of my know	wiedga, daat	th occurre	d at the fir	ne, date	end pleca,	and due	to the cause	(a) and mar	nner sa atate	id.	
THE HOSPITAL THE FUNERAL filed within 72 I	COMPL	one) 2 MEDICAL EX	AMINER: On the bes	is of axamination	on and/or in	vestigation	n, In my op	olnion, de	eath occur	ed at the	time, date e	nd place, en	d due to the	cause(a) a	nd manner as stated.
H HO	EC	29b. SIGNATURE AND TITLE OF CEI	TIFIER	/					29c. LICE	NSE NUM	MBER		29d. DATE	SIGNED (4	onth, Day, Year)
TO THE HOSPIT TO THE FUNER De filed within	9	Ama	rea	Ow 1	111	è			1	49	528	70	> /	1/2	5785
	<u>1</u>	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETE	D CAUSE OF D	EATH UTEM	27) (Туре,	-9		r	1	200	1+	, 1	1	1212 =
		SHUJHI	IVIACI	eh	10	N.	41	elme	e sh	<i>C</i> .	Ba	Un	ne	MOI	21200
3		31. DATE FILED (Month, Day, Year)	32. REC	STRAR'S SIGI	NATURE										
- '		1994 <b>6 S VUN</b>	4 yourd	THE PROPERTY	- Carting										



BALTIMORE, MARYLAND 21215-0020

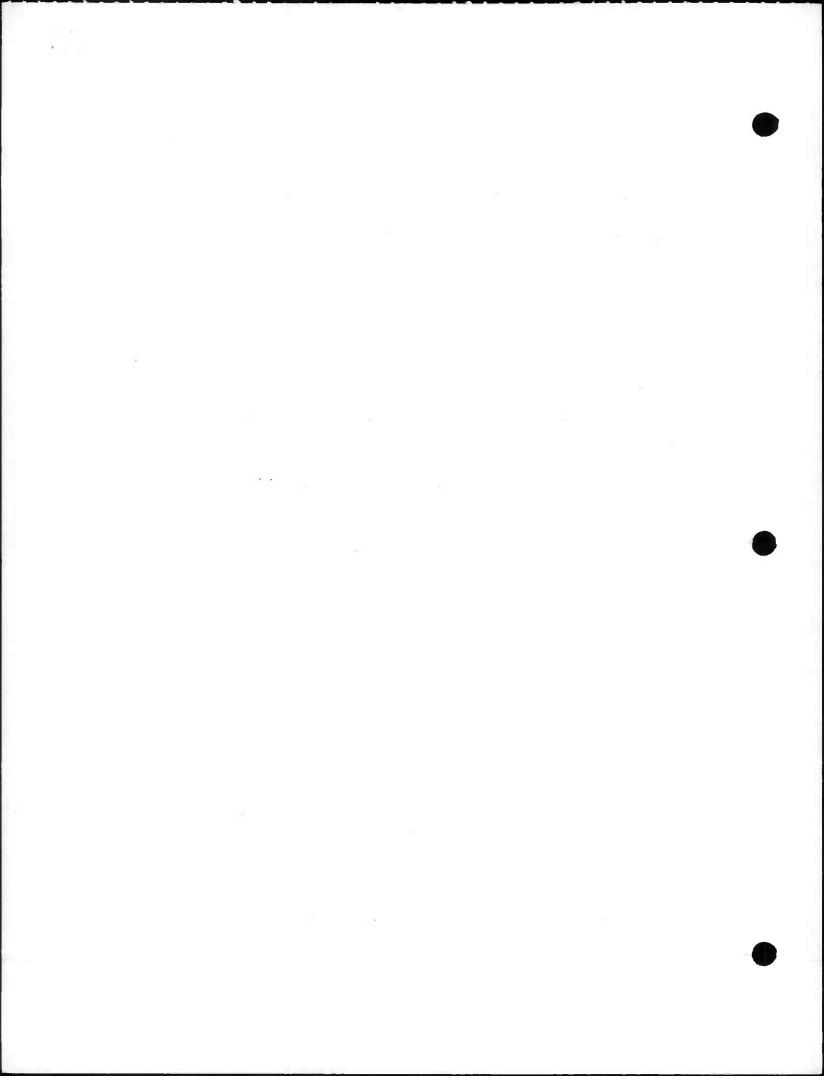
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)		02	IOAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
i i	GRACE LOWETTA	MUNTER				NOV. 22	1994	9:15 P. M			
- 0	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign			
1	213-28-5384	1 □ M 2 😾 F 8	Maryland								
	9a. FACILITY NAME (If not institution, give str	ACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF OEATH  9c. COUNTY OF DE									
DIRECTOR	Augsburg Lutheran	Home		Lo	chearn	Baltimore					
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
0	Maryland Bai	ltimore	P	arkville	9		LIMITS? 1 YES 2 K N				
FUNERAL	10e. STREET AND NUMBER		. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
Ä	3327 Garnet Road				21234		US	A			
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 V NO			NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.)	or No 14. 1	RACE — American Indian, Black, White, atc.			
ВҰ	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	у:	1	Specify: White			
8	15. DECEDENT'S EDUC	ATION		USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTI				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us								
MP	12th Grade		Admini	strative	Assista	ant C&P	Teleph	one Co.			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden					
BE	Charles Haddaway					rine Freder					
2	Mary C. Naylor					Acute Number City or Town					
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE				CATION — City				
	1 Burial 2 Cremation 3 Removed Donation 5 Other (Specify)	val from State cem	etery, crematory or of arkwood	ther piece)		L/26/94 Ba		Charles and Charle			
	21. SIGNATURE OF FUNERAL SERVICE LICE		2 1	22. NAME A	D AOORESS OF FA	CILITY	TCIMOL	e/ IID			
	hustua.	A. Kora	ex			ral Home ven Blvd.	Towson	n, MD 21286			
	23. PART I. Enter the disesses, or co	emplications that caused	the deeth. Do r	not enter the mo	de of dying, suc	h ss cerdlec or respi	ratory arrest,	Approximete			
	shock, or heart failure. L IMMEDIATE CAUSE (Finel							intervel Between Onset and Death			
	disease or condition  a. CEREBRAC THROMBSSLS										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO N	Sequentially liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
¥.	If any, leading to immediate cause. Enter UNDERLYING										
H	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7:							
CERTIFICATION	resulting in death) LAST										
AL C	PART II. Other significent conditions	contributing to death b	ut not resulting i	n the underlyin	g csuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
2						PERFOR  1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								OF OEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S NO [	UNCERTAIL						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT								
YSI	1 TYES 2 THO	1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4 Nursing Horn	e 5 🗆 Raaldenca	6 Dther (Specify)					
PH	27. MANNER OF DEATH  11 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	26d. DESCRIBE HOW IN	JURY OCCURE	O.			
B⊀	2 Accident Investigation	200 BLACE OF BUILDING	411		rES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, tarm, a	freet, factory, offic		28t, LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,			
	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	adas daeth sass	4 -4 40- 41-							
COMPLET								use(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI			NEO (Month, Day, Year)			
BE	Lasneem D	Lalehan	<u>`</u>		1) 280	31-	► (1/2)	25/94			
임	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	11	Λ	2/				
	1ASNEEM CA	KHAMI,	7220	raek	HEIGH	HIS HVE,	ISA	TO MIDRIPOF			
9	31. DATE FILED (Month, Day, Year) NOV 2 5 1994	32. PEGISTRAP'S SIGN.	or hardall								



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	D.R.D										96	31	748
	FOR												
	1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						DEA			OF DEATH			TIME OF DEATH
	PAUL L	EONARD	NO	RRIS	,				NO			YEAR	10:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	220-62-1954	1 🔀 M 2 🗌 F	41	YRS.	MONTHS	DAYS	HOURS	MIN.		4, 19	53	Mary	land
	9a. FACILITY NAME (If not institution, give s	,				Y, TOWN O	R LOCATION	ON OF DE			9c. COUN	TY OF DEATH	
6	ROUTE#32 NORTH MORGAN RUN BRIDGE Sykesville CARROLL												
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					100	, INSIDE CITY
H	Maryland H	Baltimore				P-	ikesv	7 <b>i</b> 11e	2			1.	LIMITS?
A A	10e. STREET AND NUMBER						ZIP COD				10g. CITIZ	EN OF WHAT	
FUNERAL	739 Howard Road	1					212	208			1	U.S.A	
15	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AI		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN	i? (Specify Yes Ricen, etc.)	or No-	14. RACE — . Black, WI	American Indian,
B	3 X Widowed 4 Divorced	IF YES, GIVE W				1 YES	2 🔀 NO	Specify	:	inoun, utc.)		Specify:	
	15. DECEDENT'S EDU	CATION	18a, Di	ECEDENT'S	USUAL C	OCCUPATIO	N.		164	. KIND OF BUS	INESS/INDI	Whi	.te
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(0	live kind of v	work done se retired.)	during mos	st of working	ng					
길록	12 Years		·	ne Ma	son-	-Brid	ck la	ayer		Co	onstr	uction	ı
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NAI	ME (First,	Middle, Maiden	Surname)		
BE	John	L.	Nor					Bart		J		Evans	3
5	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			
90	Mr. John L. Norri	-S						Pike		lle, Ma			1208
ISAU	20e. METHOD OF DISPOSITION  1 CK Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetery, cremetery or pitter piece)  Druid Ridge Cemetery  11/26 Pikesville, Maryla												
	IL SIGNATURE OF FUMERAL SERVICE LIC	ENSEE	Draic	ı Kıd	22	NAME AN	D ADDRES	SS OF EA	YII ITY				
examiner must	1 Stor line	Mr (1)	nK,	~	Lo	oring	g Bye	ers F	dnei	al Di			
	23. PART I. Enter the diseases, or o	/// // X	na vij	10	8/	/28 I	iber	ty R	Road	Randa	allst	own, N	
Dau	shock, Dr heart fellure.	List only one ceu	se on each line	eeth. Do r	not ente	r the mod	de Di dyi	ing, suct	n es cer	flec Dr respi	ratory erre	et,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Mul	tida	- 1	-	vie	/						Onset and Death
Le l'	reculting in death)	S. DUE TO	(OR AS A CONSE	QUENCE O	F):	0110							
2 2		h										j	
RTIFICATION	Sequentially flat conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF	F):								
S   S	CAUSE (Disease or Injury	c											
	that initieted evente resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
" Ш		d											
	PART II. Other significant condition	a contributing to	death but not	reculting	in the u	nderlying	cause g	given in	Pert I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
									_	1 TES 2		COL	MPLETION OF CAUSE DEATH?
M M									_	-		1,0	YES 2 NO
3 3	DID TOBACCO USE CONTI	RIBUTE TO CA					" UNC	ERTAIN	1 🗆				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:		CE OF DEAT	OTHE	R:							
E S	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		28c. INJU		eldenca		r (Specify)	ROADI		
- 1	1 Netural 5 Pending	(Month, Da			URY	WOI	RK?	°NO	Oriv	/a =	widas	(2)	1.2.7,
BY BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At he	<u>,                                     </u>		tory, office	,		281. LOC	ATION (Street a	nd Number o	r Rural Route	Number,
9 =	4 Homicide determined	bunding,		dwe	49				RI	or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of			-	time, data	and placa.	and dua			ner as atate	d.	
O	one) 2X MEDICAL EXAMINE												I manner as stated.
ЕШ	29b. SIGNATURE AND TITLE OF CERTIFIE	100	11					ENSE NUM					nth, Day, Year)
		1/0	r L				0.0	.м.	E				3,1994
	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUS	E OF DEATH AVE	94 DW (Y-	Detail								

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

111 Penn Street, Baltimore, Maryland 21201

32 PHISTIAN FOUNDAL

NOV 2 5 1994

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

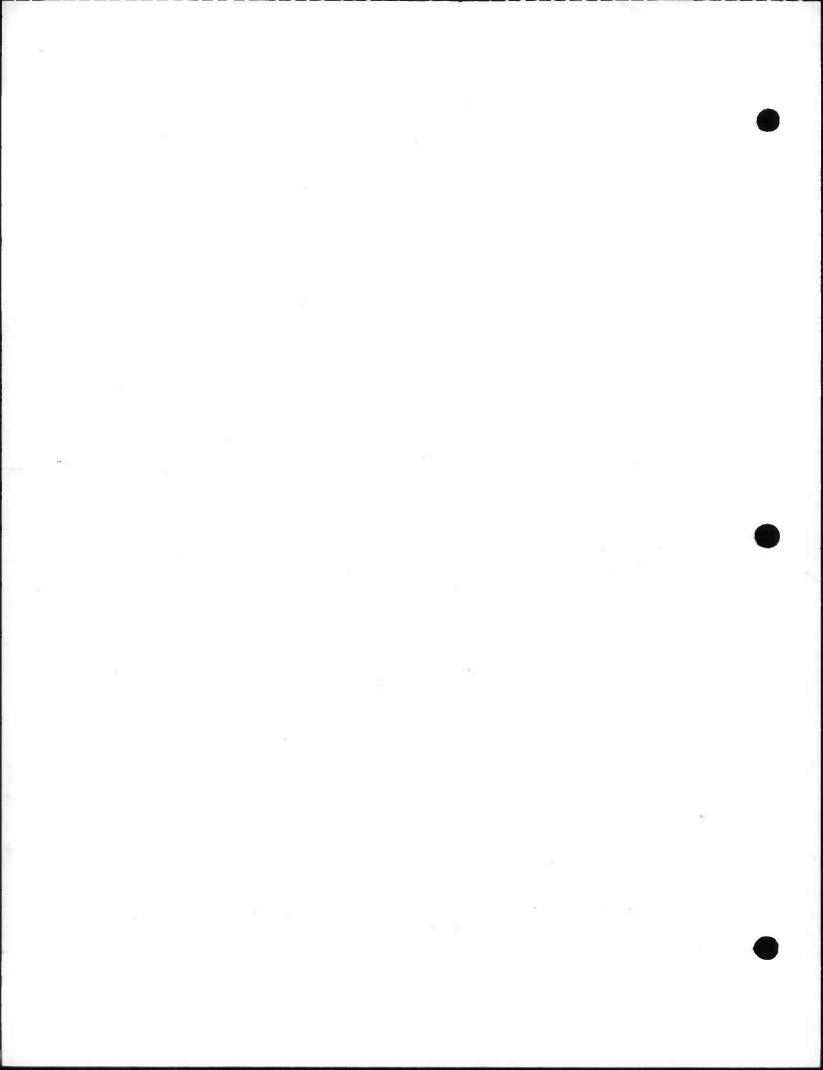
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

REGISTRAR		CERTIFIC	CATE	OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	III DENE	27 2 7777 2 2			2. DATE OF DEATH	5 21.	3. TIME OF DEATH 1994 4:20 A
CARRIE CAT  4. SOCIAL SECURITY NUMBER	THERINE  5. SEX 6. AGE	(In yrs. last birthday)	FUNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTHPLACE (State or Foreign
218-28-3818	1 🗆 M 2 💢 F 7	4 YRS.	ONTHS DA	YS HOURS MIN.	12-07-191	9 1	VIRGINIA
90. FACILITY NAME (If not institution, give s 10 GLEN OAK L		9		WN OR LOCATION OF D			NE ARUNDEL
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	I son CITY	TOWN OR L	OCATION .			Trace manage arms
MARYLAND A	NNE ARUNI			BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10 GLEN OAK LA	ANE			101. ZIP CODE 21061		"	ZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES	It yes	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2X NO Speci		n or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S US	UAL OCCU	PATION g most of working	16b. KIND OF BU	SINESS/INDI	USTRY
Elementary/Secondery (0-12)	College (1-4 or 5+) N/A	HOME	etired.)	-	OWN	HOME	
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
JOHN A. JO	HNSON			ANNA	A		KIRBY
19s. INFORMANT'S NAME (Type/Frint)					Route Number, City or Tow		•
LOUIS NAUN	IANN	10 G	LEN		E, GLEN I		
20a METHOD OF DISPOSITION 1 A Burlay 2 Cremation 9 Anni	OVel from State C6	b. PLACE AND DATE OF I metery, crematory or other	plece)	N (Name of	1/23794 20c. LC	CATION — C	ity or Town, Stata
4 Ochanger 5 Other (Specify) 21. SIGNATURE OFFFUNERAL SERVICE LIC		SLEN HAVI		EMORIAL E AND ADDRESS OF FA	PK G	LEN	BURNIE, MD.
	2		1 8	SECOND A	VENUE, S. E, MARYL	W.	FUNERAL HON 21061
23. PART I. Enter the diseeses, or o	complications that cause	ed the deeth. Do not	enter the	mode of dying, su	ch ee cerdlec or reep	iratory erre	eet, Approximate
IMMEDIATE CAUSE (Final disease or condition resolting in death)	List only one cause on  DUE TO O AS	1	eer				interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	6	A CONSEQUENCE OF):					
that initieted events resulting in deeth) LAST	DUE TO (QR AS	A CONSEQUENCE OF):					
PART II. Other significant condition	s contributing to death	but not resulting in	the under	lulas ceuse alven la	Part I. 24a, WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
Cirm	y arte		en	)	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTI	DIDLITE TO CALICE	DE DEATH VEC		- INICEPTAL			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE (	28. PLACE OF DEATH			N L ]		
EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	0	THER:	Home 5 Realdence	E Coher (Conside)		
27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME C	OF 28c	, INJURY AT	28d. DESCRIBE HOW	NJURY OCC	URED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		WORK?			
3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, etc. (Spi	Y — At home, term, atre	et, tectory,	office	28t. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,
	CIAN: To the best of my kno						od.
29b. SIGNATURE AND TITLE OF CERTIFIEF			, opinic				
STATISTICS AND TITLE OF CONTINES	1.7	,		29c. LICENSE NU	MBER (	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)	1/16	000		1107/94
28K5 OK	KWOOD	Rd. C	SLE	4 BUR	NIZ M	4.	21061
31. WATE FILED (Month, Day, Year) NOV 2, 5 1994	who discounted	ardall					



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3

permit.

5 should be detached for use as the burial-transit

ŏ

cremation,

prior to burial,

WITH

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITIAL

32, REGISTRAR'S SIGNATURE Julia Studen Rank

UNION MEMORIAL

NOV2 5 1994

31. DATE FILED (Month, Day, Year)

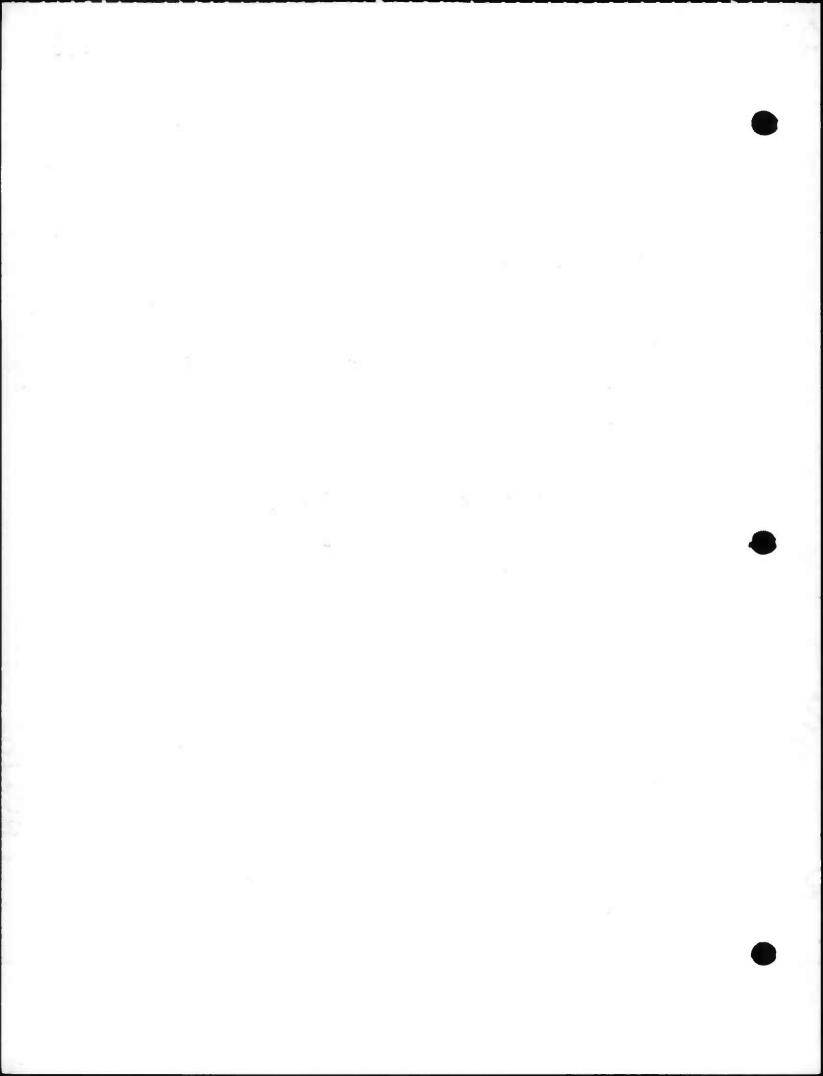
_	
0	
9/	
=	
-	
œ	
9	
a,	
6.4	
ж.	
0	
BOX	
~	
ш	
-	
0	
_	
Δ.	
-	
-	
10	
U)	
ORDS	
_	
$\alpha$	
-	
$\circ$	
$\sim$	
()	
RECOF	
ш	
00	
ш.	
_	
ч.	
_	
_	
>	
LL.	
$\equiv$	
OF VITAL	
_	
_	
0	
$\mathbf{C}$	
-	
10	
4	
>	
0	
ш.	

î	P	30	
	E	5	
)	9	8	
	90	gre	
	9.	10	
ī	듶	Je/	
ζ	de	7	_
)	fter	ĕ	Ova
	S	B	E.
	200	=	70
f	ĸ.	ec	ď
		7	atio
Į	45	ete	E
ś	`≶	d	20
	ted	00	la.
5	2	D	DOC
	2	9	9
ì	å	ciar	0
í	ate	Š	2
	ifici	d	ane ene
)	ert	ing	ğ
	5	Pug	Í
5	lea	aff	臣
,	9	the	š
	# #	3	pu
5	tha	P	h a
ì	Se	5	Ball
ĺ	E.	S	Ξ
	e	96	0
ı	Me	SS	ept
	Je	-	9
	-	cat	Stat
•	A	THE	9
	Sic	9	===
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	9	ter	ath
}	9	×	p J
)	E	6	afte
,	A	5	2
	8	등	200
	AL	7	2
	P	ER	<u>_</u>
	50	5	€
	Ē,	E f	2
	亡	Ė	量
	2	2	8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 23, 6:00 7. DATE OF BIRTH (Month, Day, Year) DEC. 5, 1947 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212=48-2766 1 🔀 M 2 🗌 F YRS. 46 GEORGIA 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL IMORECI NONE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1920 E. 28TH STREET 21218 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 24 If yes, specify Cuban, Maxican, Puerto Rican, etc.) XX Never Married 2 Married 1 TYES 2 NO Specify: ВY 3 Widowed 4 Divorced AFRICAN AMERICAN ETED. 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9th none DISABLED NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) George Nealy aţ Lena NEALY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELAINE COX 28TH STREET BALTO, MD. pe 20b. PLACE AND DATE OF DISPOSITION (Name of 11/28/98 20a. METHOD OF DISPOSITION
4 Burlal 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State must emetery, cremetory or other place BALTIMORE 4 Donation 5 Other (Specify) CEMETERY BALTO, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BALTIMORE, MARYLAND Cahrin CALVIN B. SCRUGGS FUNERAL HOME 28 is marked, or item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as carried or respiratory arrest. Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition\_ ACUTE RESPIRATORY DISTRESS SYNDROME resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): NEUMONIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING SEPSIS CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE DF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL LIVER FAILURS, DISSEMINATED INTERVASCULAR COAG COMPLETION DF CAUSE 1 YES 2 X NO OF DEATH? FALLURE, ANEMIA 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Monpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Netural Pending investigation м 1 YES 2 NO В 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 10 THE FUNERAL DIRECTOR TO THE STATE OF THE 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2426946 NOVEMBER 23 121

DENINA



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Rours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND AODRES

31. OATE FILEO (Month, 4 NOV 2 5 1994

	Item#17 Per F	H. Fil	MARYLAND /	DEPAR	ITMEN	T OF H	EALTH	AND I	MENTAL		E			
	REGISTRAR		CE	KIII	ICAI	E OF	DEA	Н	_	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH	
	HELENA E.	NEWC						NOVE	MBER 2	1_1	994	M		
	4. SOCIAL SECURITY NUMBER	5. SEX	birthday) IF UNDER 1 YEA			IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH NOV. 17, 19			8. BIRTH	PLACE (State or Foreign		
	215-24-1830 1□M2⋈F 79			YRS.	womina	DAYS	noons win.		Nov.	17,19	15	Mari	ýland	
	9e. FACILITY NAME (If not institution, give s		96. CITY, TOWN OR LOCATION O				DEATH		9c. COU	9c. COUNTY OF DEATH				
S.	BAY MEADOW NURSING HOME					Glen Burnie Anne Arunde						rundel		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT													
2	20000		Y, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
						sadena							1 TES 2 NO	
₹ I	10s. STREET AND NUMBER						10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	719 211 th Street					21122					1	JSA		
5	11. MARITAL STATUS	AED O	13. WAS DECENOENT OF HISPA				NIC ORIGIN? (Specify Yee or No-			14. RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 Merried 3 Widowed 4 Olvorced	•	If yes, specify Cuben, Mexicar  1  YES 2 X NO Specify.								Specify:			
										white				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Central Supplies  Md. General  18. Motner's NAME (First, Middle, Lest)  Christ Cophor Androws  Androws  Androws  Coph										11				
₹	/											Hosp.	1 ta I	
8	17. FATHER'S NAME (First, Middle, Last)	NC KC	CH <del>Coch</del>							iddle, Maiden	_			
Murtle E. G											Gray	ay		
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Numb	er, City or Town	, State, Zip	Code)		
-	Robert Heath		7	984	Will	ow 0	ak L	ane	Pasac	dena,M	aryl	and 2	21122	
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of State Computer of													
ı	4 Donetion 5 Other (Specify)	Over nom State	green H	laver	i Cer	neter	`y	1	11/26,	/ Gler	Bur	nie,	Maryland	
- 1	21. SIGNATURE OF FUNERAL SERVICE VICENTIES 22. NAME AND ADDRESS OF FACILITY													
	List of Carlot and Carlot					Stallings Funeral Home P.A.								
Hilary Stallings Jr. 3111 Mountain Road Pasa  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reap											<u>dena</u>	, MD . 2		
	shock, or heart failure.	List only one cau	sa on aach line.	itn. Do r	ot ente	the mo	de ot dyi	ng, suci	h as card	ac or reapi	ratory an	rest,	Approximata interval Between	
												Onset and Death		
Į.	reaulting in death)	IVV	re											
	OUE TO (OR AS A CONSEQUENCE OF):													
8	Sequentially list conditions,													
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	(OR AS A CONSEC	OUENCE OF):											
2	CAUSE (Disease or Injury													
E	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEO	UENCE OI	F):									
H H	d.													
I	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
S	CKF						109 5115	Allinia.		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1) 0.11	-/						_	- 1	1 TYES 2	□ NO		OF DEATH?	
Σ	0 11 1	014 1500								1 🗆 YES 2 🗆 NO				
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	RIBUTE TO CA					UNC	ERTAIN	<u>и</u> 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF OEAT	OTHE									
YS!	1 VES 2 NO	1 - Inpatient 2 -	ER/Outpetient 3 (	□ DOA			5 🗆 Re	sidence	8 Other	(Specify)				
E	27. MANNER OF DEATH	28e. DATE OF (Month, Da	E OF URY	28c. INJURY AT 28 WORK?			28d. OES	28d. OESCRIBE HOW INJURY OCCURED						
Β¥	1 Natural 5 Pending 2 Accident Investigation	1 YES 2 NO												
	2   Cutatte   280 PLACE OF INJURY   At home form effect feeton, office   1 cet   COATION (Occasional Months)										or Rural Ro	oute Number,		
	4 Nomicide determined									, , , , , ,				
7	29e. CERTIFIER (Check only													
COMPLETED	one)  2 MEDICAL EXAMINER: On the heals of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
- 11	29b. SIGNATURE AND TITLE OF CENTIFIES	4 /												
H	71/017	n	29c. LICENSE NU			MSE NUN	MBER 29d. OAT.			E SIGNED	(Month, Day, Year)			
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITTH	27) /3	Print'		1/	-	176	7		11/2	1144	

DEATN (ITEM 27) (Type, Print)

OHMH-18 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

NOV2 5 1994

NOV2

1 -

3. TIME OF DEATH

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Sleck, White, etc.

UN

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

1 | YES 2 | NO

iber or Rural Route Number, Balto,

29d. DATE SIONEO (Month, Day, Year)

7,

Nov.

Approximate Interval Between

**Onset end Death** 

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Richmond

9c. COUNTY OF DEATH

10g. CITIZEN OF

2. DATE OF DEATH

MONTH 4. SOCIAL SECURITY NUMSER 5. SEX 7. DATE OF SIRTH (Month, Day, Year) 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6 226 1 M 2 D F YRS. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH HODK HOSDI DIRECTOR 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION more permit. BY FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE burial-transit xurs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 16. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF SUSINESS/INDUSTRY ege (1-4 or 5+) ex must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19b. MAILINO ADDRESS (Street and Number or Rural Route 2 20a METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City funeral director, nation 5 🗆 Other (Specify) injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND AGORESS OF FACILITY The Derr filled in by the Hydiene prior to burial, cremation, or removal. 23. PART I. Enter the disease, or complications unit caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) completely THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760, CERTIFICATION the attending physician and Sequentially list conditions, Sequentiary nat contitoring if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST has been signed by the atter Dept. of Health and Mental PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL shows any 1 X YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) or Item EXAMINER? TO THE FUNERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item 1 ☐ inpetient 2 € ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) TIME OF INJURY 27. MANNER OF DEATH 26c. INJURY AT WORK? 28d. DESCRISE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al building, atc. (Specify) 28f. LOCATION (Street and City or Town, State) 3 Suicide COMPLETED Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my kno ledge, death occurred at the time, data and place, and due to the cau (Check only 2 MEOIGAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and man 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Lorge and 2 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 111 Penn Street, Baltimore, MD 2120] Margarita Korell M.D

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

1994

ŕ
X 68760
87
9
BOX
0
P.O.
۵.
ທົ
2
Ö
RECORDS, I
2
1
VITAL
>
OF
9
6
DIVISIO
5
5

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibits refeath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 6	1. DECEOENT'S NAME (First	, Middle, Last)		-						2. DATE OF DEATH			3. TIME OF DEATH
1 8	Jose	ph	Will	iam	Olif	f				Vovember 2	23,19	194	9:20 A.M
- 6	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	_	7. DATE OF BIRTH	.0,10	8, BIRTH	IPLACE (State or Foreign
- (	215-01-2118		1 💢 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	November 8,	1912	Counti	ryland
	9e. FACILITY NAME (If not in	stitution, give str	eet end number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						,
OR	Meridian L	och Ray	ven Nurs	ing Hom	ne		Tov	vson			Ra	ltim	nre
5	RESIDENCE OF DEC	EDENT		2119 11011							1 00	II GIIII	
E	Control of the contro	10b. COUNTY				Y, TOWN (		NOI					10d. INSIDE CITY LIMITS?
	Maryland				Ra	ltimo		250 200					1 🔀 YES 2 🗌 NO
RA	6012 Burges	s Aven	lie.				101	2121			-		States
FUNERAL DIRECTOR	11. MARITAL STATUS	75 7(10)	12. WAS DECEDEN	IT EVER IN ITS	DMED	12	WAS DEC			C ORIGIN? (Specify Yes			
	1 Never Married 2	200		X YES 2			If yes, sp	ecify Cuba	n, Mexican.	Puarto Rican, atc.)	or No		E — American Indien, k, White, etc.
BY	3 X Widowed 4 Divo	rced	WW					2 M 40	Specify:			Speci	" <sup>y:</sup> White
COMPLETED	15. DEC (Specify only	EDENT'S EDUCA	ATION completed)	16a, I	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON st of working	107	16b. KIND OF BUS	SINESS/IN	OUSTRY	
9	Elementary/Secondary (0	-12)	College (1-4 or 5		ile. Do NOT u	se retired.)							
N N	10				Ship	ping	CIE						
	17. FATHER'S NAME (First, M		ττ					1		E (First, Middle, Meiden	Surname)		
H	Herman  19a. INFORMANT'S NAME (7)		11							Cobet  ute Number, City or Tow	2000		
임	Andrea J.			- 1						ne Glen /			. 23060
	20e. METNOD OF DISPOSIT	ION		20h PLAC	E AND DATE		_		19 La			City or To	
	1 Buriel 2 Cremetic		val from State	cemetery, c	op Serv	ther plecel			11	1/25/94 To			
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE Mark	T. Zav	oyna	22.			SS OF FAC	LITY			
	► y/a	& T.	Zaugn	^			0000	ו המי	Dece			-	21214
	23. PART i. Enter the di	seesea, or co	emplications the	t coused the	deeth. Do r	not enter	the mo	de of dy	ng, such	ck, Inc. 5	ratory ar	rest.	Approximete
	shock, or he IMMEDIATE CAUSE (Fir	eert fallure. L	ist only one ceu	ise on each li	ne.					•		,	Interval Between Onset end Death
	disease or condition	-		Arter	1090	Lea	19/0						4
	resulting in death)		DUE TO	(OR AS A CONS	EOUENCE O	F):							1791
Z	Commentative that are also	_ b.											
CERTIFICATION	Sequentially list conditi If any, leading to imme	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):							
5	cause. Enter UNDERLY! CAUSE (Disease or inju		OUE TO	(OR AS A CONS	EQUENCE O	0.							
Ē	thet initieted events resulting in death) LAS	т	002 10	(ON AS A CONS	EUDENCE U	r):							
E		d.											
AL	PART II. Other significa	nt conditions	contributing to	deeth but not	resulting	In the un	derlyln	g ceuse (	given in P	art I. 24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
MEDICAL										t _ YES 2	□ NO		COMPLETION DF CAUSE OF OEATH?
ME													1 _ YES 2 _ NO
ä	DID TOBACCO U		IBUTE TO CA		-	- 4	_	UNC	ERTAIN				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:		ACE OF OEA	OTHER							
1YS	1 YES 2 NO		1   Inpatient 2		-	4 🗆 Nun	alng Nom			Other (Specify)			
	Natural 5	Pending	28e. DATE OF (Month, D		28b. TIM	URY	28c, INJ WO	RK7	NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
ğ	2 Cutalda	Investigation	28a. PLACE O	F INJURY — At I	home, ferm.	tfreet, fact				28f. LOCATION (Street a	and Numbe	e or Primal S	Pouto Mumber
COMPLETED		Could not be determined	building,	atc. (Specify)	, , , , , , ,		.,,			City or Town, State)	ING THUMBO	or rigidity	noute Number,
9	290. CERTIFIER	TEVING DNVSIC	IAN: To the heat of	mu kanuladaa	d								
₽ F										the cause(e) end mer			s) and menner ee stated.
	29b. SIGNATURE AND TITLE								ENSE NUME				
ᆱ	11.	- 40	3	200					206		29d. DA1	E SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATN (IT	EM 27) (Type	Print)		70	00,		9	176	
			we, M.D				Rd						
	31. DATE FILEO (Month, Day, NOV 2 5 1)	Year)		TE STATE		W.11							
	NUVS 9 1	334 1	- William	W. 1 44 A4	•								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Tate of Maryland / DEPARTMENT OF HEALTH AND

1 - STATE REGISTRAR	SIAIL OF MAI			F DEATH	REG. NO.			
1. DECEOENT'S NAME (First, Middle, Las	•				2. DATE OF DEATH MONTH DA	NV.	3. TIME OF DEATH	
JOSEPH PA		ERSIAK			NOVEMBER	22,	1994	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
027-01-0161	1 💢 M 2 🗆 F	77 YRS.		2. 108-11 132	03-27-19		PENNSYLVANIA	
99. FACILITY NAME (If not institution, give NORTH ARUNDEI RESIDENCE OF DECEDENT	and the second second		96. CITY, TOW GLI	N OR LOCATION OF DE		A.11 - 1745	NE ARUNDEL	
10e. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LO	CATION			10d, INSIDE CITY	
MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2X NO								
100. STREET AND NUMBER 401 GLENMONT	AVENUE	· · · · · · · · · · · · · · · · · · ·		101, ZIP CODE 21061		10g. CITIZ	ZEN OF WHAT COUNTRY?	
44 MANUAL CANTILO								
1   Never Merried   2   X Merried   3   Wildowed   4   Divorced   W W II   13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If YES, GIVE WAR OR DATES   1   YES 2   NO   1   YES 2   X   NO   Specify:   W W II   14. RACE — American Indian.   14. RACE — American Indian.   15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If YES, specify Cuben, Mexican, Puerto Rican, etc.)   14. RACE — American Indian.   15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If YES, specify Yes or No— I							Black, White, etc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Sine kind of work done during most of working								
Elementery/Secondary (0-12) College (1-4 or 5+) 12 NONE SHOP INSPECTOR X-RAY EQUIPMENT								
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)								
PAUL PIERSIAK HELEN PINKOSZ								
190. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  413 GLENMONT AVENUE, GLEN BURNIE, MD. 21061.								
20c METHOD OF DISPOSITION  1 © Burlet 2 Cremetton 3 Removel from State  4 Donetton 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of 11/26/49)  20c. LOCATION — City or Town, State Cempters, Cremetory and Control of 11/26/49)  21 Description (Specify)  22 Description (Name of 11/26/49)  23 Description (Specify)  24 Description (Specify)  25 Description (Name of 11/26/49)								
21. SIGNATURE OF EUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME								
I SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061								
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reapiretory erreat, shock, or heart fellure. List only one ceuse on each line.  Approximate interval Between								
IMMEDIATE CAUSE (Fins) disease or condition resulting in death)  a. Vertexcent file file file file file file file file								
OUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):								
ceuse. Entar UNDERLYING CAUSE (Disease or Injury	c							
that initiated evants resulting in daeth) LAST	OUE TO (OR	AS A CONSEQUENCE OF):						
	d							
PART II. Other significant condition	ons contributing to dae	th but not resulting in	the underly	ring causa givan in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
					1 YES 2		COMPLETION OF CAUSE DF OEATH?	
							1 TYES 2 NO	
DID TOBACCO USE CON	TRIBUTE TO CAUSI	OF DEATH YES	□ NO	☐ UNCERTAIN	1 🗆			
25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER;								
1   YES 2   No   1   Inpatient 2   ER/Outpatient 3   OOA   4   Nursing Home 5   Residence 8   Other (Specify)								
27. MANNER OF DEATH  28e. OATE OF INJURY  (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Description of the control of th								
2 Accident Investigation 1 YES 2 NO 28s. PLACE OF INJURY At home term street factory office.								
3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, term, atree1, 1ectory, office building, atc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
29a. CERTIFIER (Check only	SICIAN: To the beat of my le	nowledge, death occurred	at the time, d	ate and place, end due	to the cause(e) end man	ner ee atate	id,	
one) 2 MEOICAL EXAMII	NER: On the basis of examin	nation and/or investigation,	In my opinior	n, death occured at the	time, date and place, and	d due to the	e cause(e) and manner se stated.	
29b. SIGNATURE AND TITLE OF CERTIF	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)							
Shall D23580 11/23/94								
S	Plant	dias		D 235	80	<b>&gt;</b> /	1 23 94	
30. NAME AND EDDRESS OF PERSON W	O COMPLETEO CAUSE OF	F DEATH (ITEM 27) (Type, P	rint)	D 235	80	• (	1 23 94	

BALTIMORE, MARYLAND 21215-0020

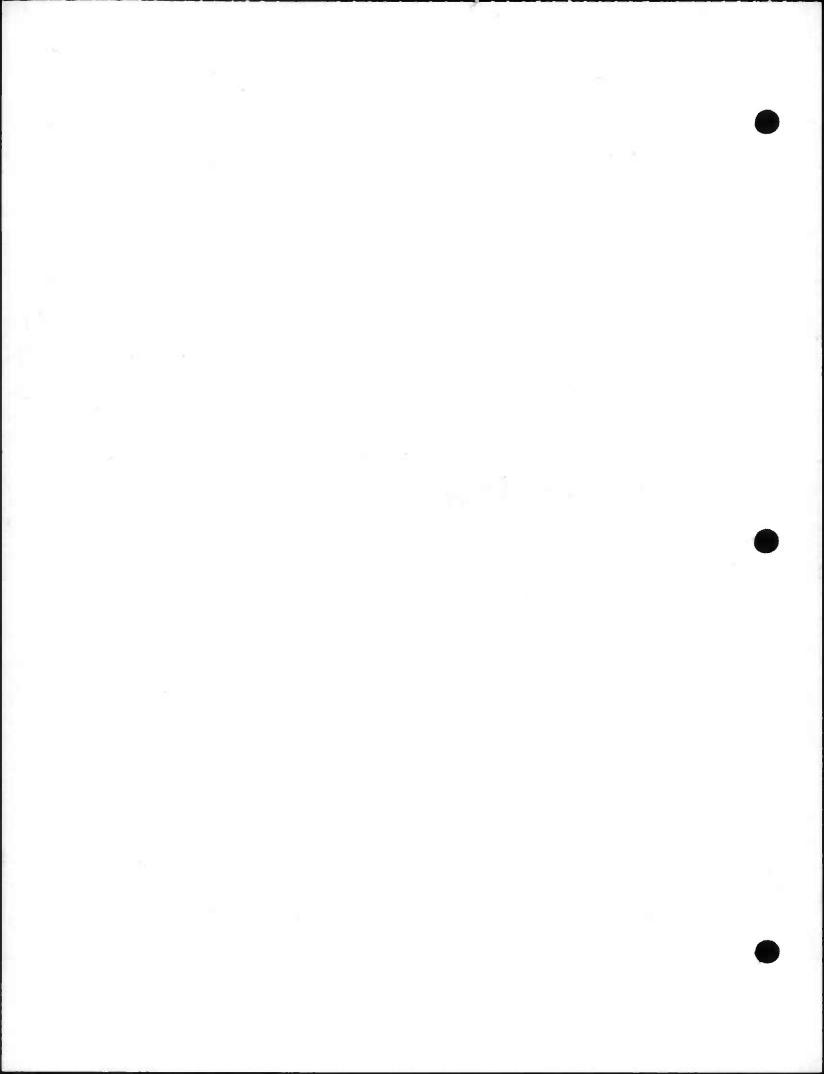
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or flow of a first flower of the hospital or attending physician.

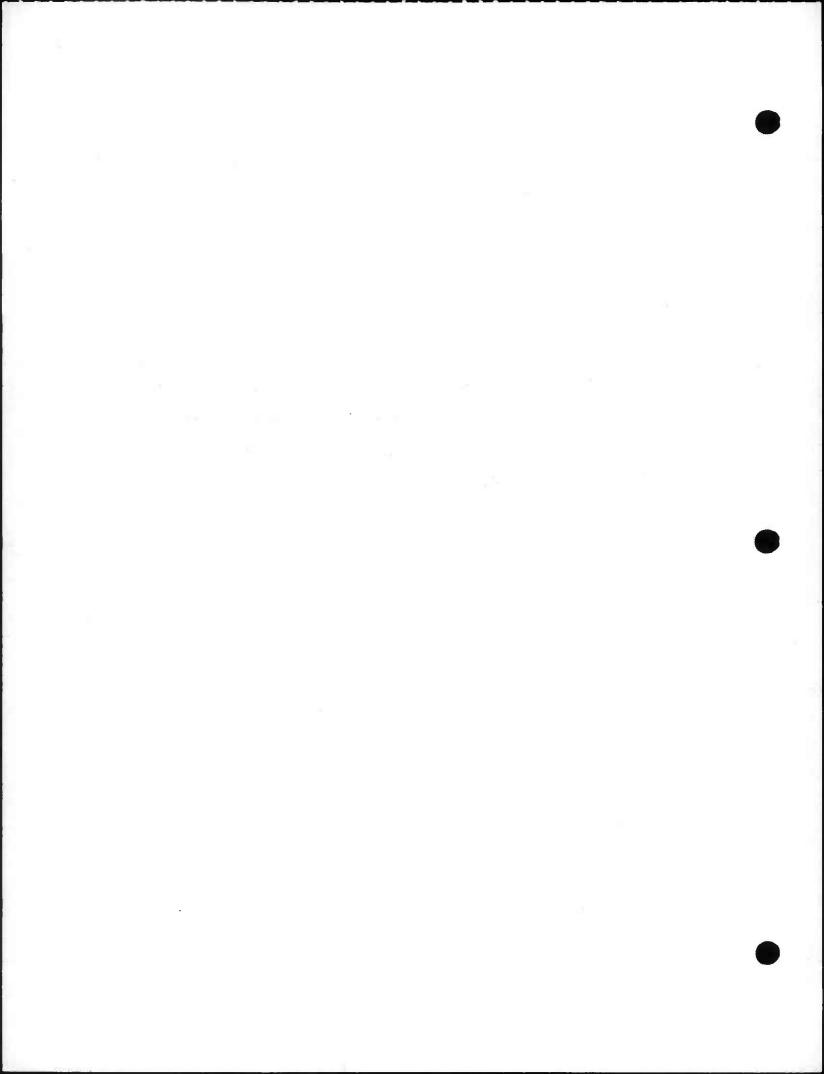
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND		YGIENE EG. NO.			
- }	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY	YEAR	3. TIME OF DEA	TN
	George	PEL					ber 22			Р м
j	4. SOCIAL SECURITY NUMBER 193-03-0864	5. SEX 6. AGE (		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Day	r, Year)	8. BIRTI Count	NPLACE (State or F ry)	oreign
E C	90. FACILITY NAME (If not institution, give in Franklin Squar		91		R LOCATION OF DI	EATN	- 1 -	altimo		
5	RESIDENCE OF DECEDENT						De	IILIIIO	re	
DIRECTOR	10s. STATE 10s. COUNT	Baltimore		own or Locat					10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	1202 Hilldale	Rd.		101	ZIP CODE	237		N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp-	ENDENT OF HISPAI ocity Cuban, Mexica 2 NO Specifi	n, Puario Rican		— 14. RAC Blac Spec	E — American Ind k, White, atc. //y:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KINI	D OF BUSINESS	/INDUSTRY		17
3	Elementary/Secondery (0-12)	Coffege (1-4 or 5+)		cal Ted	ch.		Lever	Brothe	ers	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	_ :			, 5	
BE (	John Pelyak				Anna	Malene	ec.			
10	19m. INFORMANT'S NAME (Type/Print) Virginia Palya	k	196. MAILING AD 1202		nd Number or Rurel ale Rd. E			, zip code) 21237	7	
	20a. METNOD OF DISPOSITION  1		PLACE AND DATE OF D etery, crematory or other	place)		DATE	20c. LOCATION			
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	Loudon Pa		11-c	26-94	Bal	timore	e, MO	
	* Denis	X- Kelly		Cva 121	ich/Rosed I Chesacd	dale Fu a Ave.	ineral	Home		
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acute respi	ech line.	ilure.s	econdary	to ch	ronic		Approxim Interval E Onset an	d Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	С.	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL O	PART II. Other significent condition	ns contributing to death b	ut not reaulting in t	he underlying	cause given in		WAS AN AUTOP PERFORMED? YES 2 NO		. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF DF DEATN?	TO CAUSE
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	Ø NO □	UNCERTAII	<u> </u>				
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (	Check only one)						
ız I	1 YES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Outp	etlant 3 DOA 4	Nursing Nom	5 Residence					
27. MANNER OF DEATH  28a. DATE OF INJURY  (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DEŞCRIBE HOW INJURY OCCURED  1 YES 2 NO										
COMPLETED		ICIAN: To the best of my knowl							ı) and manner ea ı	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m MM			29c. LICENSE NUM				(Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WH	(a	ATH (ITEM 27) (Type, Prin	n)	R D 162	.1		Novem	ber 22,	1994
	Dr. Luis Ortega	9000 Frank1	TURE	Dr. Ba	ltimore,	Mary1	and 212	237		
	NOV 2 5 1994 July	develor hardel	l							



L SECRET HAME FOR JUMPS AND JUMPS AN				1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF COATE OF		D MENTAL HYGIEN REG. NO					
SOUR SCHEMENT AND AMBRET AND AMBR					0 .	1.1				AY YEA	18			
A 35-03 - 68 74   10 a 2 M/r 85 rm   200 mm   20										1 199	4 1450 M			
THE STATE OF THE S									(Month, Day, Year)	Co	IRTHPLACE (State or Foreign			
THE REPORT OF DESCRIPTION AND ADDRESS AND		ponid		9e. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN	OR LOCATION OF		100				
THE TOTAL PROPERTY AND ADDRESS OF THE PROPERTY SHARE (PART ADDRESS AND PART ALL OTHERS AND ADDRESS OF THE ADDRESS AND ADDRESS OF THE ADDRESS AND ADDRE			OR	Lorien W.H.	6334 Cedan	Lane	Colun	nbia		Hou	vard			
The proposed of the proposed o			ECT	RESIDENCE OF DECEDENT										
TO ONE TO COME AND A DOMESTIC TO HAND A DOMESTIC TO CONTRIBUTE TO CAUSE OF BEATH AND A DOMESTIC TO CONTRIBUTE TO CAUSE OF BEATH AND A DOMESTIC TO CONTRIBUTE TO CAUSE OF DEATH AND A DOMESTIC TO CONTRIBUTE TO CAUSE OF DEATH AND A DOMESTIC TO CONTRIBUTE TO CAUSE OF DEATH AND A DOMESTIC TO CAUSE OF D		200	DIR	MA HO	ward						LIMITS?			
The proposed of the proposed o		регті	AL	10e. STREET AND NUMBER						10g. CITIZEN	21			
The proposed of the proposed o	Ë	ransit	NE I					2104	4	USA				
The proposed of the proposed o	-0020 ing physicia	the burial-t		1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, s	pecify Cuben, Me	rican, Puerto Rican, etc.)	E	Black, White, etc.			
St. Service descriptions of the purpose of the purp	215	Se as	ED			16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTF	77			
The properties of the properti	- 5	for us	LET	Elementary/Secondary (0-12)		life. Do NOT u	sa retired.)							
The properties of the properti	Nospi	ached Ce.	MP			Produc	e Cler				ore			
The properties of the properti	7 3	uld be der	ш	Antonino U	nknown DeCa				Sarah Unkr	nown Ma				
22 NAME AND ADDRESS OF PACILITY Crematicion Society of Maryland, Inc. 299 Frederick Rd. Baltimore. MD 2128  229 Prederick Rd. Baltimore. MD 2128  230 Prederick Rd. Baltimore. MD 2128  240 Prederick Rd. Baltimore. MD 2128  240 Prederick Rd. Baltimore. MD 2128  250 Prederick Rd. Baltimore. MD 2128	MA		21			1000	1 Wind	stream	Dr. Unit	n, State, Zip Code	1., Md.21044			
23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, intrarvial Batween Onset and Dasth Aponco, or has a chock, or has a constant failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying	AORE le 6 may	must b		1 Buriel 2 Cremetion 3 Rem	novel from State	B. PLACE AND DATE	of Disposition (	y, Inc	. 11/23/94	cation — city o Baltimo	r Town, State			
23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, intrarvial Batween Onset and Dasth Aponco, or has a chock, or has a constant failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying	F. Page .	niner		21. SIGNATURE OF FUNERAL SPRINCE LA		-	22. NAME	AND ADDRESS OF	FACILITY	-				
23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, intrarvial Batween Onset and Dasth Aponco, or has a chock, or has a constant failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLIVED (CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART III. Other significant conditions contributing to death but not resulting in the underlying	BAL er deat	he fun		George E. MacN	labb		299	Frederic	ek Rd. Balti	more M	, inc. Ф 21228			
MMEDIATE CAUSE (Final disease)   DUE TO (OR AS A CONSEQUENCE OF):		remor redica		23. PART I. Entar the diseasas, or ahock, or haart failure.	complications that cause List only one cause on e	d tha death. Do	not anter tha m	ode of dying, a	uch as cardiac or reap	iretory arreat,	Approximata			
Sequentially list conditions, if any, leading to immediate cause, either (NDERLYMO DELTA) and the cause of th	T P	E 10 E				/	1°							
Sequentially list conditions, if any, leading to immediate cause, either (NDERLYMO DELTA) and the cause of th	SO.	cremal cremal			DUE TO (OR AS	A CONSEQUENCE O	ne:				10 More			
NOSTINE  Note: The control of the co	587 ecuted	8 - 0	Z	2	b									
CAUSE (Disease or Injury Due to (OR AS A CONSCOURNCE OF):    Construction of C	X a	cian ar	ATIC	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
A SOUR DOUGHT AND SHAPE MAY BE A SOUR OF PERSON WIN COMPLETED CAUSE OF DEATH (Figure 1) And the standard of th	. B	ne p	FIC	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE O	F):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROTONOS ABAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES 2   MO  25 WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   MO  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   UNCERTAIN   SPACE OF DEATH  1   YES 2   MO  25 WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   MO  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Plack only one)  27 WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   MO  28 PLACE OF DEATH (Plack only one)  29 WINDING AND AND ADDRESS OF DEATH  1   Nestural   Specific   Specify)  28 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Plack only one)  29 WINDING AND ADDRESS OF DEATH  1   YES 2   MO  20 WINDING AND ADDRESS OF DEATH  1   Nestural   Specific   Specify)  29 WINDING AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  10 VES 2   MO  20 WINDING AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  10 VES 2   MO  20 WINDING AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  20 WINDING AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  20 WINDING AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  21 WES 2   MO  22 WAS AN AUTOPSY PRINTING ABAILABLE PRIOR TO COMPLETE AND THE OF CAUSE OF DEATH (ITEM 27) (Type, Print)  24 WORK?  25 WAS CASE REFERRED TO MEDICAL  26 PLACE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (ITEM 27) (Type, Print)  26 DID TOBACCO USE CONTRIBUTE TO MEDICAL EXAMINER: ON the basel of examination end		Da I	F		d									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. WANNER OF DEATH DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH (Check only one)  28. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of examination end/or Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  296. CERTIFIER DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH (Check only one)  287. WANNER OF DEATH DISCOUNTING CONTRIBUTE TO CAUSE OF DEATH (Check only one)  288. PLACE OF DEATH Check only one)  289. WAS CASE REFERRED TO MEDICAL EXAMINER: On the basis of examination end/or Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  290. SORNATURE AND TITLE OF GERTIFIER  290. SORNATURE AND TITLE OF GERTIFIER  290. SORNATURE AND TITLE OF GERTIFIER  290. SORNATURE AND TITLE OF GERTIFIER  290. SORNATURE AND TITLE OF GERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)	0 9	E Me	O	PART II. Other significant condition	ns contributing to death i	out not resulting	in the underlyl	ng cause givan	in Part i. 24s WAS AN	AUTOPSY	24h WERE AUTOPSY EINDINGS			
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NOTIFIED TO CAUSE OF DEATH (Creck only one)    VICTOR   VIC	E F						,	g	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  27. WANNERO OF DEATH  1	EC aulies	Healt OWS	MED						6004	2				
OCCUPY OF TOWN, State)  Note of the service of the		ept. ol		DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH Y	ES 🗆 NO 🕽	UNCERT	AIN   BRA	TIN	No			
OCCUPY OF TOWN, State)  Note of the service of the	T Pe		C	EXAMINER?		79.	OTHER:							
OCCUPY OF TOWN, State)  Note of the service of the	F V	the the	HYS			-	4 Nursing Ho			IN HIRY OCCURE				
3 Sulcide 4 Homicide 8 Could not be determined 288. PLACE OF INJURY — At home, tarm, street, tectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. LOCATION (Street and Number or Rural Route Number, City or Town, State) 283. LOCATION (Street and Number or Rural Route Number, City or Town, State) 284. LOCATION (Street and Number or Rural Route Number, City or Town, State) 285. LOCATION (Street and Number or Rural Route Number, City or Town, State) 286. LOCATION (Street and Number or Rural Route Number, City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State) 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. SIGNATURE AND TITLE OF GERTIFIER 299. MARKED AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 299. SIGNATURE AND TITLE OF GERTIFIER 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month, Day, Year) 290. DATE SIGNED (Month,	O FF 0	with				IN.	JURY W	ORK?	Loc. BEGOTTE HOT	NSONT COCONEL	1			
THE TOWN THE LANGE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)    Consense only one)   2	ISIO	after d	8	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, tarm, city)	street, tectory, off	ice			ral Route Number,			
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey. 1601) 11/22/84  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 10/10/10/10/10/10/10/10/10/10/10/10/10/1	DIV AL DR A		APLE	(Check only										
130. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) KOLOD RUBETZ 9501 Old Annapolis Rd Elliut City MD	HOSPIT	FUNER within 7		2 MEDICAL EXAMINE		en end/or investigation	on, in my opinion,							
KOLODRUBETZ 9501 Old Annapolis Rd EllustiCity MD	THE	TO THE be filed		Ruhard Rol	duspet a			231	T75	> 7//	2484			
NOV 2 5 1994 July 32 registration of the state of the sta				KOLODRUB	ETZ 950	1 01	a Au	mapol	lis Rd Ell.	w H Ci	ty MD			
				NOV 2 5 1994	321 REGISTRATISTICS	W. Y. M.					21044			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.	) )					
1	1. DECEDENT'S NAME (First, Middle, Last)	H. Porter				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 217-09-4114	5. SEX 6. AGE (In		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign ountry)				
	9e. FACILITY NAME (If not institution, give s	street end number)		R LOCATION OF D	SEPT.12,19	9c. COUNTY O	ARYLAND OF DEATH					
DIRECTOR	BAYVIEW MEDICAL CENTER BALTIMORE											
ا ڀڙ ا	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY				
	MARYLAND	BALTIMORE		TIMORE	RE 1 YES 2 1 NO							
FUNERAL	100. STREET AND NUMBER  23 ARLEH ROAD - A	DT_Λ		101	21236			OF WHAT COUNTRY?				
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes		ACE — American Indian,				
B	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1- YES IF YES, GIVE WAR OR DAT		If yes, sp		n, Puerto Ricen, atc.)	В	llack, White, etc.				
밀	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of wo	rk done during mo	N st of working	16b. KIND OF BUSI	NESS/INDUSTR	Υ				
COMPLETED	Elementary/Secondary (0-12) 8TH GRAEE	College (1-4 or 5+)	CORRECT	'IONAL C	FFICER	BALTIM	ORE CIT	TY JAIL				
NO.	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S		CI OIIII				
BE (	THOMAS H. PORTER DELLA M. HURLEY											
2	190. INFORMANT'S NAME (Type/Print)  MILDRED H. PORTER					Route Number, City or Town,		21236				
	20s. METHOD OF DISPOSITION 1\(\sum_{\text{\tinte\text{\tinte\text{\tiliex{\text{\texi}\text{\text{\texitilex{\text{\text{\text{\texi}\text{\text{\texi}\text{\texitt{\text{\texitil\text{\til\tintt{\text{\texi}\text{\texit{\texi{\texi{\text{\texi}\	20b. P	LACE AND DATE OF	DISPOSITION (No			ATION — City of					
i	4 Donation 5 Other (Specify)		ery, crematory or othe MEADOWR I	DGE MEM			KRIDGE					
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE)  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.											
┪	23. PART I. Enter the diseases, or	complications that caused	tha death. Do no	14107 W	TLKENS A	VENUE-BALT	IMORE,	MD 21229 Approximate				
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on eac	ch ilna.					Interval Between Onset and Daath				
	disesse or condition reaulting in death)	s. Sepsi						Iday				
,		DUE TO (OR AS A C						7da v				
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS A C	ONSEQUENCE OF:		-			4.				
	resulting in death) LAST	d						İ				
L CE	PART II. Other algnificant condition	a contributing to death but	not reaulting in	the underlying	cauae givan in	Part I. 24s. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS				
						PERFORM  1 YES 2	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDIC					/			1 YES 2 NO				
AN	DID TOBACCO USE CONTI		DEATH YES		UNCERTAI	۷ 🗆						
	EXAMINER?	HOSPITAL:		OTHER:	5 🗆 Besidence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ		28d, DESCRIBE HOW IN.	JURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation	20. BLACE OF IN HIPM		M 1 🗆 Y	ES 2 NO			18871				
COMPLETED												
		CIAN: To the best of my knowled										
5	2 MEDICAL EXAMINE	R: On the beals of examination a	ind/or investigation,	In my opinion, d			dua to the caus	ne(s) end manner as atated.				
쀪	29b. SIGNATURE AND TITLE OF CERTIFIEF				29c. LICENSE NUM		29d. DATE SIGN	ED (Month, Day, Year)				
2 ∦	30. NAME AND ADDRESS OF PERSON WH		H (ITEM 27) (Туре, Р									
۱ ۱	Steven	Ginder m	0	Euste	rn Au	4. Balto	MO					
	NOV 2 5 1994 Ju	in a housen harde	JI,									

AN: The law requires that the death certificate be executed within Frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNDSAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fran		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
h. Page 6	eral direct		niner m
after deat	y the funk	TOVAL.	cal exan
Sunon.	illed in by	n, or ren	e medic
within	pletely fi	cremation	ent, th
executed	and com	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic ev
fcate be	physiciar	ne prior	er trau
ath certil	ttending	al Hygier	or oth
it the de	by the ai	ind Ment	/ Injury
quires tha	peugis (	Health a	OWS any
e law rec	has beer	Dept. of	1 23 sh
JAN: Th	rtificate	e State	or item
PHYSIC	r this ce	th with th	arked,
ENDING	DR: Afte	fter deat	8 is m
DSPITAL OR ATTENDING PHYSICIAN	DIRECT	hours a	Item 2
SPITAL	NEBA	ithin 72	NAT: If
THE H	THE FI	be filed w.	MPORTA
	,	-	-

Pages 1, 2, 3

permit.

rial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

2

2

other 1

50 Injury,

Shows

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

Sauk

acauadn.s

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JE BENEFIT STOWN IN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VIVIAN EREGO EILEEN 0100 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 M 2 X YRS. 219-12-0576 69 01/04/25 Marvland 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital Baltimore City 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Catonsville Manor 1 TYES 2 X NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5614 Queen Anne Street 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 TYES 2 NO Specify 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Hutchinson Eloise "unknown" Kennedy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda G. Behrendt Dogwood Drive 7121 Preston, MD 21655 201 METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Loudon Park Cemetery 11/26 4 Donellon 5 Other (Specify) Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road Balto. MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition reaulting in death) Cheonic DUE TO (OR AS A CONSEQUENCE OF): falle exacerba 2 WK DIMORI Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate amont cause. Enter UNDERLYING Car chroma CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1) Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1) S. Natural 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, afc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homfolde determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

MID

900 caton Ave

53

70000

불분

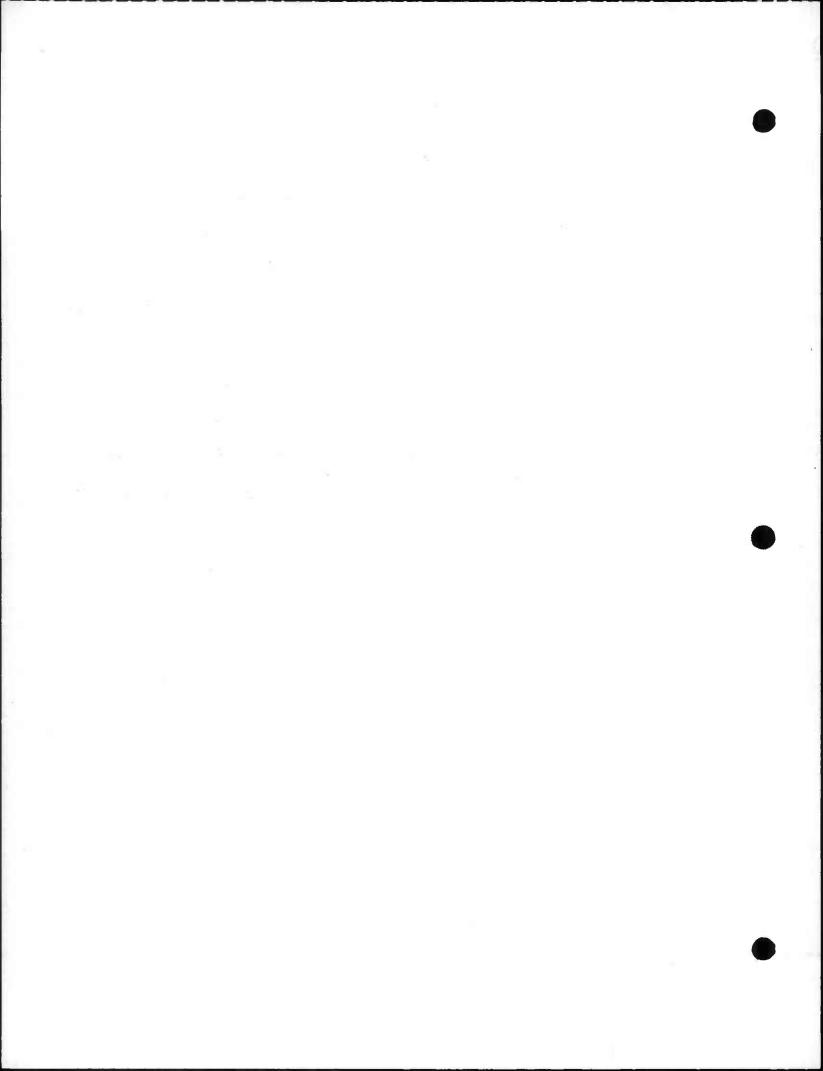
223

SPITAL OR

11/23/94

2122

mD -



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIPERMENT TO THE FUNERAL DIPERMENT THAT IS NOT SHARE A WITHIN 72 hard within 72 har

ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI Certific			MENTAL HYGIEN										
3	1. DECEOENT'S NAME (First, Middle, Last)				DEMIN	2. DATE OF DEATH		3. TIME OF DEATH								
- 1	JAMES BI	ENJAMIN	PARKS			November	23 1001									
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	PLACE (State or Foreign								
	216-02-0292	1⊠ M 2 □ F 29	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) March 3,	1965 Mars									
	9a. FACILITY NAME (If not institution, give st	treet and number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF D									
OR	St. Joseph Hospi	ital	4	Towso	n		Baltimo	ore								
בַּ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,	I so CITY	TOWN OR LOCAT	TON.		- SGI CIMO									
DIRECTOR	Maryland Balti		le			10d. INSIDE CITY LIMITS?										
	10e. STREET AND NUMBER	MOZC	. ZIP CODE		10g. CITIZEN OF V	1 TYES 2 NO										
RA	1626 Pickett Rd.			THAT COUNTRY?												
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	21093	NIC ORIGIN? (Specify Yes	U.S.A.	— American Indian,										
	1 🔀 Never Married 2 🗌 Married	FORCES? t YES		It yea, spe		n, Puarto Rican, etc.)	Black	, White, etc.								
ВУ	3 Widowed 4 Divorced				z go ito opocaj	"	Whi									
CEO	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	tea. DECEDENT'S US	rk done during mo	ON st of working	16b. KINO OF BU	SINESS/INOUSTRY									
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)	•	1										
COMPLET	9 yrs		Depende	ent		n/a	<u> </u>									
	17. FATHER'S NAME (First, Middle, Last)  Lawson	Dawles				ME (First, Middle, Maiden	Surname)									
띪	19a. INFORMANT'S NAME (Type/Print)	Parks	105 MAILING A	OODECC (Communication)	Beverly	Route Number, City or Tow	Davis									
5	Beverly Parks															
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF			nerville, I	MG. 21093  CATION — City or To									
	1 Surial 2 Cremation 3 Remo	oval from State	lery, cremelory or other Laney Val	r place)	orial	11-26 Tir										
	21. SIGNATURE OF FUNERAL SERVICE LIC		7 (6.2		O ADDRESS OF FA		ioni uii, M	α								
	11/1			Ruck	Towson F	uneral Hor	ne, Inc.									
	23. PART I. Enter the diseases, Dr c	complications that causes	the death. Do not			Towson, N		I American								
	anock, or heart fellure. I	Liet only one ceuse on e	ech ilne.	enter the mo	ue or dying, eoc	n es cerdiec or respi	ratory errest,	Approximeta Interval Between								
	IMMEDIATE CAUSE (Finel disease or condition	Da A	Myco	- 8.	O Gul	- 1		Onset and Death								
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF:	2,720	1	0000										
z		- Seven	e Com	lenel	Q H2	oit de	D 1000	NEN								
일	Sequentially list conditions, If any, leading to immediate  b. — Sever Comparison H soil disease — ASD  DUE TO (OR AS A CONSEQUENCE OF):															
	If any, leading to immediate couse. Enter UNDERLYING															
<u>S</u>		- Sulv	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events  CAUSE (Disease or Injury that Initieted events)  CAUSE (Disease or Injury that Initieted events)													
TIFICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events				1-1 -		DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events				·(e) s	over the	du Re	landala								
AL CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events	1. Paly	cytho	me		Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS								
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	1. Paly	cytho	me		Part I. 24a. WAS AN PERFOR	AUTOPSY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE								
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	1. Paly	cytho	me		Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO								
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	d. Polyge	ut not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOF	AUTOPSY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent conditions	e contributing to deeth b	ut not reculting in  F DEATH YES 26. PLACE OF DEATH	the underlying  NO [ (Check only one)	cause given in	Part I. 24a. WAS AN PERFOF	AUTOPSY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	e contributing to deeth b	F DEATH YES	the underlying  NO (Check only one)	UNCERTAIN	Part I. 24a. WAS AN PERFOF	AUTOPSY 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
PHYSICIAN: MEDICAL CERTIFICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH.	e contributing to deeth b	F DEATH YES	the underlying  NO [ (Check only one)  THER: Nursing Homory W)	UNCERTAIN  5 Masidenca	Part I. 24a. WAS AN PERFOR	AUTOPSY 246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:    Inpatiant 2   ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	F DEATH YES 26. PLACE OF DEATH atlent 3 DOA 4	the underlying    NO    (Check only one)   OTHER:   Nursing Hom   WO   M   L   Y	UNCERTAIN  5 Seastdence JRY AT RK? ES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL: 1   Inpatiant 2   ER/Outp	F DEATH YES  26. PLACE OF DEATH  28b. TIME C  INJUR  At home, farm, stra	the underlying    NO    (Check only one)   OTHER:   Nursing Hom   WO   M   L   Y	UNCERTAIN  5 Seastdence JRY AT RK? ES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 246. MED? 246. NO NO NJURY OCCURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO								
TTED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation 3   Suicide 8   Could not be datermined	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:    Impetient 2 EP/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Spec	F DEATH YES  26. PLACE OF DEATH  Stient 3 DOA 4  28b. TIME C INJUR  At home, farm, stra	the underlying  (Check only one)  THER: Nursing Hom Worl  M t 7  set, factory, office	UNCERTAIN  S S Casidence  JRY AT RNY?  ES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify)  28d. DESCRIBE HOW is City or Town, State)	AUTOPSY IMED?  NO  NJURY OCCURED  and Number or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO								
TTED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:    Impatlant 2 = ER/Outp   28a. DATE OF INJURY     Wonth, Day, Year     28a. PLACE OF INJURY     building, stc. (Special Speci	F DEATH YES  26. PLACE OF DEATH  atlent 3 DOA 4  28b. TIME C INJUR  At home, farm, stra	the underlying  (Check only one)  THER: Nursing Hom Nursing Hom Y N t Y t t y t t t t t t t t t t t t t t t	UNCERTAIN  S S Casidenca  JRY AT  RK?  ES 2 NO  and place, and due	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify)  28d. DESCRIBE HOW is City or Town, State)	AUTOPSY IMED?  NO  NJURY OCCURED  and Number or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO								
BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:    Inpetient 2   ER/Outp   28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination)	F DEATH YES  26. PLACE OF DEATH  atlent 3 DOA 4  28b. TIME C INJUR  At home, farm, stra	the underlying  (Check only one)  THER: Nursing Hom Nursing Hom Y N t Y t t y t t t t t t t t t t t t t t t	UNCERTAIN  S S Casidenca  JRY AT  RK?  ES 2 NO  and place, and due	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify)  28d. DESCRIBE HOW is City or Town, State)	AUTOPSY IMED?  NO  NJURY OCCURED  and Number or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO								
TTED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:    Inpetient 2   ER/Outp   28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination)	F DEATH YES  26. PLACE OF DEATH  atlent 3 DOA 4  28b. TIME C INJUR  At home, farm, stra	the underlying  (Check only one)  THER: Nursing Hom Nursing Hom Y N t Y t t y t t t t t t t t t t t t t t t	UNCERTAIN  S S Casidenca  JRY AT  RK?  ES 2 NO  and place, and due	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(a) and mer time, data and placa, an	AUTOPSY MED? NO  NJURY OCCURED and Number or Rural R aner as stated. d due to the cause(s) 29d. OATE SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.  (Month, Dey, Year)								
E COMPLETED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Intileted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Investigation 2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE ANO TITLE OF CERTIFIER	e contributing to deeth b  RIBUTE TO CAUSE O  HOSPITAL:  1 Inpatiant 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Special Control of the basis of axamination in the basis of axaminati	ut not recuiting in  F DEATH YES 28. PLACE OF DEATH stient 3 DOA C 1NJUR  28b. TIME C 1NJUR  and/or investigation, in	the underlying  (Check only one)  THER: Nursing Hom  No  t y  Set, factory, office  at the time, data in my opinion, de	UNCERTAIN  5 Sesidence  JRY AT RK?  ES 2 NO  and place, and due	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(a) and mer time, data and placa, an	AUTOPSY MMED?  NO  NJURY OCCURED  and Number or Rural R  oner as stated.  d dua to the cause(s)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  oute Number,								
BE COMPLETED BY PHYSICIAN: MEDICAL	COUSE. Enter UNDERLYING CAUSE (Disease or Injury that Intileted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	RIBUTE TO CAUSE O  HOSPITAL:    Inpatiant 2   ER/Outp   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY building, atc. (Special Control of the basis of axamination)   COMPLETEO QUISE OF OE	TH (ITEM 27) (Type, Pr	the underlying  (Check only one)  OTHER: Norsing Homo Nor	UNCERTAIN  5 Seasidence  JRY AT  RES 2 NO  and place, and due beth occured at the  29c. LICENSE NUM	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify) 28d. DESCRIBE HOW a City or Town, State) to the cause(a) and mer time, data and place, an ABER	AUTOPSY MED? NO  NJURY OCCURED and Number or Rural R aner as stated. d due to the cause(s) 29d. OATE SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.  (Month, Dey, Year)								
BE COMPLETED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Intileted events resulting in deeth) LAST  PART II. Other eignificent conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Investigation 2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE ANO TITLE OF CERTIFIER	RIBUTE TO CAUSE O  HOSPITAL:    Inpatiant 2   ER/Outp   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY building, atc. (Special Control of the basis of axamination)   COMPLETEO QUISE OF OE	ut not recuiting in  F DEATH YES 28. PLACE OF DEATH  Stilent 3 DOA 6  1 28b. Time C  INJUR  At home, farm, stra  edge, death occurred in and/or investigation, in  NTH (ITEM 27) (Type, Pro	the underlying  (Check only one)  OTHER: Norsing Homo Nor	UNCERTAIN  5 Seasidence  JRY AT  RES 2 NO  and place, and due beth occured at the  29c. LICENSE NUM	Part I. 24a. WAS AN PERFOR 1 YES 2  8 Other (Specify) 28d. DESCRIBE HOW a City or Town, State) to the cause(a) and mer time, data and place, an ABER	AUTOPSY MED? NO  NJURY OCCURED and Number or Rural R aner as stated. d due to the cause(s) 29d. OATE SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.  (Month, Dey, Year)								

0	
N	
Ö	
ŏ	
1	
5	
N	
_	
2	
0	
Z	
d	
=	
>	
Œ	
d	
-	
2	
ORE, N	
ш	ľ
000	
-	
0	
5	
~	
SALTIMORE, MARYLAND 21215	
⋖	•
m	
	-
-	þ
O.	1
9	
2	
	•
m	
5876	
68	
X 68	
89 XC	
89 XO	
BOX 68	
. BOX 68	
9 XOB .C	
.O. BOX 68	
P.O. BOX 68	
, P.O. BOX 68	
S, P.O. BOX 68	
35, P.O. BOX 68	
8DS, P.O. BOX 68	
RDS, P.O. BOX 68	
ORDS, P.O. BOX 68	
SORDS, P.O. BOX 68	
CORDS, P.O. BOX 68	
ECORDS, P.O. BOX 68	
RECORDS, P.O. BOX 68	
RECORDS, P.O. BOX 68	
AL RECORDS, P.O. BOX 68	
AL RECORDS, P.O. BOX 68	
TAL RECORDS, P.O. BOX 68	
ITAL RECORDS, P.O. BOX 68	
VITAL RECORDS, P.O. BOX 68	
VITAL RECORDS, P.O. BOX 6	
LL.	
LL.	
LL.	
LL.	
LL.	
LL.	
SION OF	
SION OF	
SION OF	
LL.	

TENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMP

TO THE FUNERADE filed within

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				CERTIF	ICATE	OF	DEATH		R	EG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)		1					2	DATE OF C	DEATH	v	VEAD	3. TIME OF DEATH
3	Philip		G.		Paul				N	Novemb	er 1	7,19	94	7:30am
	4. SOCIAL SECURITY NUMB 110 09 6573	ER	5. SEX 1 2 M 2 F	6. AGE (In yr 82	rs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS N	HRS. 7	Month De	30°, 1	912	a. BIRTH Country New	PLACE (State or Foreign Jersey
OR	90. FACILITY NAME (N not in: 838 Loxford	Terra	eet and number)					pring	OF DEAT	Н		111	nty of bi	
ומ	RESIDENCE OF DEC	10b. COUNTY			10c CI7	Y, TOWN O	B LOCAT	ION						10.1 110.10.5 0.73
DIR	Maryland	Montgo	omery		100.011		er S	Spring						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	838 Loxford	Terra	ce					20901				10g. CIT USA	IZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	E XS NO	- 1	f yea, sp	ENDENT OF H scify Cuban, N 2 M NO	IISPANIC faxican, I Specify:	ORIGIN? (S <sub>i</sub> Puarto Rican	pecify Year i, atc.)	or No—	14. RACE Black Specifi Whi	
	15. DECI (Specify only	EDENT'S EDUC	ATION completed)	184	a. DECEDENT'S	USUAL OC	CUPATIO	ON st of working		16b. KIN	D OF BUS	INESS/INE	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+	, J	(Give kind of life. Do NOT u Jeweler		anny mo	st or working		Who	lesa	le		
BE COM	17. FATHER'S NAME (First, Mi Harry Paul	iddle, Last)		,				18. MOTHER Lina		(First, Middle	a, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (7) Lillian Paul	/pe/Print)			196. MAILING Same a	ADDRESS LS #1(	O ab	nd Number or I	Rural Rou	ite Number, C	ity or Town	n, State, Zip	Code)	
	26a. METHOD OF DISPOSITI 1 XBurlal 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	val from Stata	20b. PL/ Cerneler JUGE	ACE AND DATE  y, cremetory or ce  an Men	of bisposi	rden	me of S 11/2	20/9	DATE 4			city or Ton	
	21. SIGNATURE OF FUNERAL	service Lice	KULLI	8		1V6	NAME AN	earsor Church	FACIL Fu	neral	Hom		- 7 4.00	
$\neg$	23, PART I. Enter the di	seases, or co	omplications that	ceused the	e deeth. Do							retory sn	rest,	Approximate
	IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	ert fellure. L	ist only one caus	se on eech	ilne.									Interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONDEQUENCE OF):													
DICAL	PART II. Other significes	onci	0 51	Thu	rolling	2	deriying	g cause give	n in Pa		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TORACCO III	Y 4 1	mond -	7	1100		=	1		_				1 TYES 2 NO
AN	DID TOBACCO US		IBUIE IO CAL		PLACE OF DEA			UNCER	IAIN					
딣	EXAMINER?	-	HOSPITAL:			OTHER	1:	-5/						
Η̈́	27. MANNER OF DEATH		28s. DATE OF	NJURY	28b. TIN	E OF	28c. INJ	e 5 ☐ Reside		Other (Spe		LIURY OC	CURED	
BY PHYSICIAN: ME		Pending nvestigation	(Month, Da		IN.	M	1 🗌 Y	RK? 'ES 2 No					JOILE	
		Could not be letermined	28s. PLACE OF building, s	INJURY — II itc. (Specify)	At home, farm,	atreat, facto	ory, office		28	Bf. LOCATION City or Tox		nd Number	or Rural A	oute Number,
COMPLETED			IAN: To the best of r											and manner as stated.
BE	296 SIGNATIVE AND TITLE	ог свитичен	7, Ilm	lo 4	30			29c. LICENSE	E NUMBE	EA 2 3 2		29d. DAT	E SIGNED	(Month, Day, Year)
안	30. MAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	e OF DEATH	(ITEM 27) (Type		9-	LAN	n RA	rts.	b - 1	1/0	en d	2090Z
	31. DATE FILED (Month, Day, )		32 REGISTRAN	'S SIGNATUR	RE	. (		_ /4 //	1/1/	100	10.00	_ ( / • (	1	1//4/

. s'

0-0	ding
7.5	tten
7	10
0	pital
Z	hos
Z	the
×	d d
A	Taine
Σ	9
Щ	ay b
O	9
ž	906
E	4
AL	deat
BALTIMORE, MARYLAND 21215-0	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or attending
	SID
	ê
	4
00	with
376	nted
9	хест
×	e e
B	cate
o.	rtife
Ф.	90
Ś	deal
	the
S.	that
Ö	res
SE SE	redu
	AP.
Z	The
5	AN:
4	SICI
0	PHY
Z	NG
Š	END
27	
>	A
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATT

8760, BALTIMORE, MARYLAND 21215-0020	uted within whours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	100017 11-25-74	111111071	, M.II.I	er r,	11						94	34	761
	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND C	DEPAR ERTIF	TMEN ICAT	T OF H	IEALTH DEAT	AND N	MENTA	L HYGIEN REG. NO.	E		
- 4	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v	VEAD	3. TIME OF DEATH
-	Elizabeth						Nov	23	, 199	4	430 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
- 6	220-30-4478	1 🗌 M 2 💢 F	- **   02			DAYS	HOURS	MIN.	Oct	Day. Year)	1912	Mary	vland
. 5	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE				NTY OF DE	
H	313 Regester Avenue				В	alti:	nore				Ba1	timo	re County
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
		more Cou	nty	Roc	lger	s For	rge						YES XX NO
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	313 Regester Ave	nue					212	12				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.S. AI	RMED	13	WAS DEC	ENDENT OF	F HISPAN	IC ORIGIN	7 (Specify Yes		14. RACE -	- American Indian,
7	1 Never Married 2 Married	IF YES, GIVE W	YES 2 X	NO		If yes, sp 1 ☐ YES	2 X NO	n, Mexicar Specify	ı, Puarto I	Rican, etc.)		Specify	White, atc.
ВУ	3 Widowed 4 Divorced			_			44					.,,	White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18e, DI	ECEDENT'S	USUAL (	OCCUPATIO	ON est of working	2	16b	KIND OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	) life	. Do NOT us	se retired.	)	st of working						
N N	12 years			Homen	ake:	ŗ				Own	Home		
Ö	17. FATHER'S NAME (First, Middle, Last) C Charles Christa	hristian					16. MOTH	ER'S NAM	ME (First, I	Aiddle, Maiden	Surname)		
BE	Charles Christa	<del>in</del> Kurrl	e				Lu	су	S		C	Cofiel1	
10 8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	oute Numb	er, City or Town	, State, Zip	Code)	
F	Mrs. Lucy Dawson 313 Regester Avenue, Baltimore, MD 21212							2					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Tremetion 3 Remo	und Americ State	20b.PLACE	AND DATE	OF DISPO	SITION /Na	me of		DAT	E 20c. LO	CATION -	City or Tow	n, State
	4 Donation *5 Other (Specify)		cemetery, cr	enmou	int (	crema	atory			Ba1	timo	re, M	faryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE					D ADDRES						
	Martin D. Law	con			- 1					d Home			
	23. PART i. Enter the diseases, pr co	71 71 70 70	Caused the d	anth Do	T	5500	York	Koa	d, E	altimo	re,	MD 21	
- 1	shock, or heert fellure. L	lst only Dne ceu	se on each iln	8.	int eure	r une mo	de Di dyli	ng, such	as card	liac Dr respi	ratory arr	est,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition	A 1	0 0	1	RtC								Onset and Death
	resulting in deeth)	Mita	Metastatic Breast Carcinona							9 year			
	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, 6.								ļ				
F	If any, leading to immediate cause. Enter UNDERLYING	002 10 (	DUE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE (Disease or Injury C.	DUE TO	OR AS A CONSE	OHENCE D	n.				_				1
Ē	that initiated events resulting in deeth) LAST	302 10 (	OIT NO A CONSE	OULIVEE DI	)·								i
B	d												
	PART II. Other significent conditions	contributing to	death but not	resulting	in the u	nderlying	ceuse g	iven in I	Part I.	24a, WAS AN		24b. V	VERE AUTOPSY FINDINGS
2	Bualetes /	hallet	u							PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
	Constila								_	1 YES 2	1		OF DEATH?
Σ	DID TOBACCO USE CONTR	IDLITE TO CAL	USE OF DEA	TU VI	· -	NO E	LINIC	EDTA IA				'	YES 2 HO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL	IBOIE TO CA		CE OF DEAT			UNC	ERTAIN	1 1			1	
길	EXAMINER?	HOSPITAL:			OTHE	R:	- 0	_					
₹	27. MANNER OF DEATH	1   Inpetient 2   28a, DATE OF		26b. TIM	_	,	• 5 □ X(•s	sidenca (					
	1 Natural 5 Pending	(Month, Da			URY		RK?		26d. DES	CRIBE HOW IN	IJURY OCC	URED	
B	2 Accident Investigation	20. 01 405 04	- 101 101 1001				/ES 2 🗌	ND					
	3 Suicide 6 Could not be	building, a	INJURY — At ho atc. (Specify)	ome, ferm, s	street, fac	tory, office				ATION (Street a or Town, State)	nd Number	or Aural Aou	ute Number,
	- 17												
릴	(Check only												
COMPLETED	one) 2 MEDICAL EXAMINER	: On the beels of ex-	emination and/or	Investigatio	n, in my	opinion, de	eath occure	d at the t	ime, date	and place, end	due to the	e Ceuse(e) e	end manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	, / 1					29c. LICE	A			29d. DATE	SIGNED (A	Month, Day, Year)
- 11	Jain th	Hel				_ ]	K	120	396	ļ	D 11	/25/	94
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) /Time	Print)		.,,		, ,				/ ]

Davis M. Hahn, M.D., 5601 Loch Raven Blvd, Baltimore, Maryland 21239
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

NONE

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

WEST VIRGINIA

10d, INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

11/23/94

BALTIMORE

Interval Between

Onaet end Death

8:36 Am

BALTIMORE, MARYLAND 21215-0020 death.

Ť
0
9
9289
$\infty$
9
$\checkmark$
2
BOX
0
<u>α</u>
'n
S
Œ
0
$\tilde{c}$
ш
$\alpha$
V
-
>
4
$\overline{}$
0
7
$\overline{a}$
$\overline{2}$
S
~
>
=

9

EUGENIO & VINES

EUGENIO F

31. DATE FILED HOTE 5 1994

MD

MD

32. REGISTRAR'S SIGNATURE

whi Danden-Rondell

SOOI SOUTH

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

VINES

AS 244 161430

ST

HA-NOVER

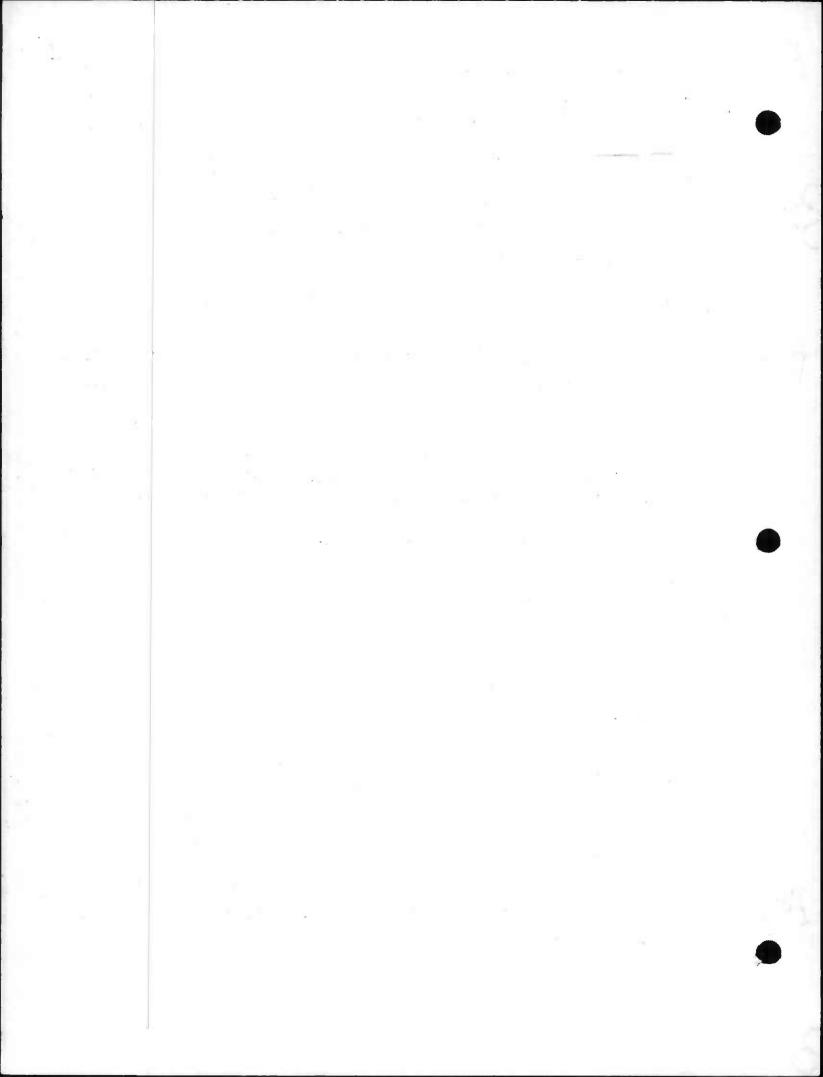
STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ZZ3 SHIFFLETT GLENNA RUTH 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 216 344151 55 1 - M 2 XX MONTHS DAYS HOURS 12-12-1938 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEL GLEN BURNIE permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14 IVY LANE 21060 U.S.A. use as the burial-transit attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high the hospital or be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 SUPERVISOR STATIONERY COMPANY NONE 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ORDIE ROBINSON JUANITA MALLATTE TO á BE page 5 should notified Page 6 may be retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KAREN VANHOOLJDONK 14 IVY LANE, GLEN BURNIE, MARYLAND 21060 pe 20a METNOD OF DISPOSITION
1 ABurlat 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of Connected Co must funeral director. 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W. 21. SIGNATURE OF EUNERAL SERVICE LICENSEE GLEN BURNIE, MARYLAND 210
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, GLEN BURNIE, MARYLAND 21061 completely filled in by the removal medical ahock, or heart fellure. List only one cause on each line. ŏ **IMMEDIATE CAUSE (Final** disease or condition cremation. the METASTATIC OVARIAN CARCINOMA event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): executed in and com to burial. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate attending physician ntal Hygiene prior to the death certificate be ceuse. Entar UNDERLYING CAUSE (Diseese Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 en signed by the atter injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? that any 1 TYES 2 T NO Shows рееп DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO PHYSICIAN: ME Dept 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) this certificate has with the State D item HOSPITAL:
1 N Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Naturel 5 Pending 1 YES 2 NO After t death BY investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 10 ETED a Could not be DIRECTOR: Nours after of 4 Nomicide 28 determined Hem 29a. CERTIFIER
(Check only one)

One)

MEDICAL EVAMINED: On the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as atteted. COMPL TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Thinksp. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Item#4 Per F.H. Film# 717 11/25/94 R.M.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

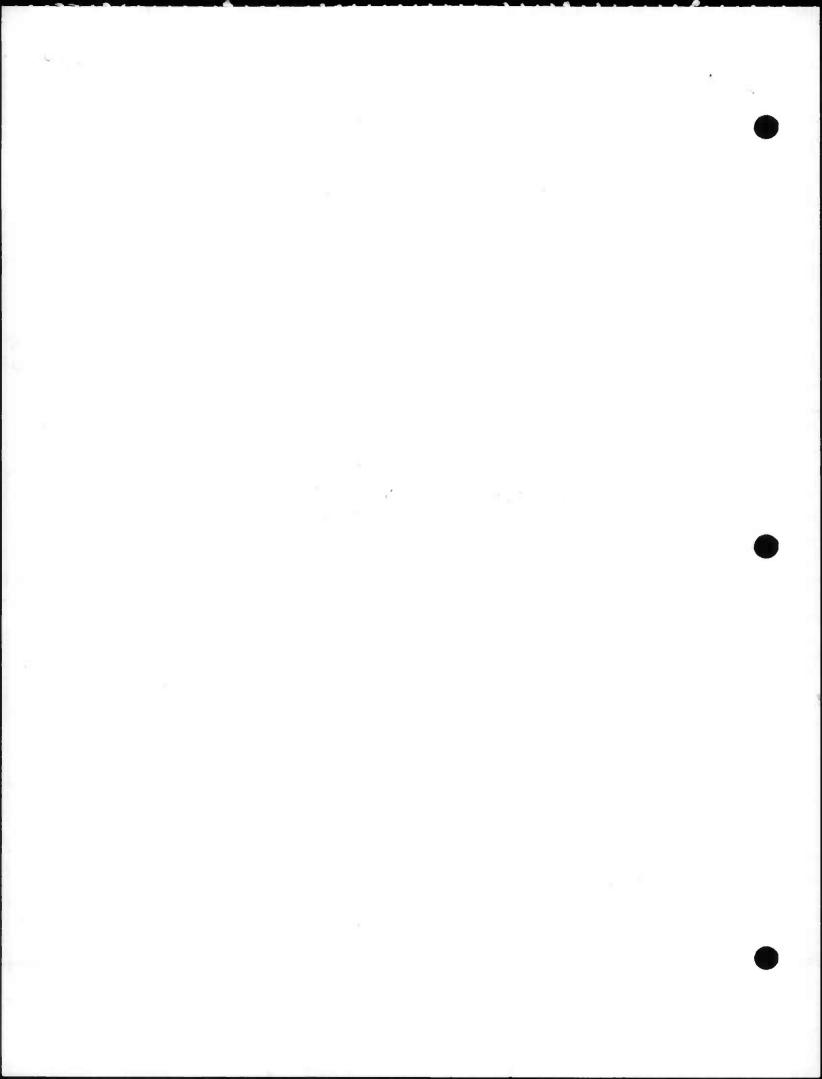
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV2 5 1994

22. REGISTRAN'S SIGNATURE & DRUGGER RANGELL

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH A		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) R (	OBERT WINS	ron SMI	TH SR.		MBER 22,	19 <b>54</b>	3. TIME OF DEATH 4:00 P M
218-07-9472	XXM 2 □ F 81		UNDER 1 YEAR IF UNDER 2	MIN. OCH	OF BIRTH	6. BIRTHE Country MARY	PLACE (State or Foreign LAND
98. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS H			BALTIMORE CI		9c. (	COUNTY OF OE	
10a. STATE 10b. COUNTY MARYLAND n/a	a		OWN OR LOCATION ALTIMORE				10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1819 E. FAIF	RMOUNT AVENU	JE	10f. ZIP COOE 2123	31	, ,		HAT COUNTRY? STATES
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	≥ [X])/(o	13. WAS DECENDENT OF If yea, specify Cuban 1 - YES 2 NO				- American Indian, , White, atc.
15. DECEDENT'S EDUCATI (Specify only highest grade con  Elementary/Secondary (0-12)  6 TH	ON 16 nploted) 16 coffege (1-4 or 5 +)	(Give kind of work life. Do NOT use re LABORER	done during most of working		B. J. LOCK		
17. FATHER'S NAME (First, Middle, Last) JOSEPH SMITH				, _ ,	Middle, Maiden Surnan AVIS	ne)	
199. INFORMANT'S NAME (Type/Print) RANDOLPH SMITH	1	19b. MAILING AD	E. FAIRMOUN				MD 21231
20s. METHOO OF DISPOSITION 1XXBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACEANDDATEOF DISPOSITION (Name of place)  BALTIMORE CEMETERY  11-26  BALTIMORE, MD							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WM. C. MARCH FH. – 1101 E. NORTH AVENUE							
	LITTE		1)				III AVLINOL
23. PART I. Enter the diseases, or com shock, or heert fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	plicatione that caused the conty one cause on each	ne deeth. Do not in line.	1)				Approximete Interval Between Onset and Death
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	plicatione that caused the confly one cause on each only one cause on each of the confly one to one as a confly of the confly of the caused the caused the confly one caused the caused the caused the confly one caused the	onsequence of:	1)				Approximete Interval Between
shock, or heert fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leeding to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	1)				Approximete Interval Between
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):	enter the mode of dyin	g, auch as ca	24s. WAS AN AUTOF PERFORMED?	y errest,	Approximete Interval Between Onset and Death  1  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST  PART ii. Other eignificent conditione c	DUE TO (OR AS A CO	ONSEQUENCE OF):	enter the mode of dyin	g, euch es cei	diec or reepiratory	PSY 24b.	Approximete Interval Between Onaet and Death  1  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
shock, or heert feilure. List  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART ii. Other eignificent conditione c	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  ONTRIBUTION OF IT  28.  OSPITAL:	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  DEATH YES  PLACE OF OBATH (	enter the mode of dying the underlying ceuee given the underlying ceue given the underlying	g, euch es cer	24a. WAS AN AUTOF PERFORMED?	PSY 24b.	Approximete interval Between Onset and Death  1
shock, or heert feilure. List iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other eignificent conditione c  DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  DEATH YES  PLACE OF OBATH (	he underlying ceuee gi	yen in Part I.  RTAIN   RTAIN 28d. Oth	24a. WAS AN AUTOF PERFORMED?	PSY 24b.	Approximete interval Between Onset and Death  1
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART ii. Other eignificent conditione c  DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Ontributing to death but of the contributing to death but of the contribution of the c	DEATH YES PLACE OF OEATH (1)  25b. TIME O  1 Inde.  1 Ind	he underlying ceuee gi  NO UNCE Check only one) THER: Nursing Home 5 Ras  F VORK? M 1 YES 2	ven in Part I.  RTAIN Address Other	24a. WAS AN AUTOF PERFORMED?  1 YES 2 No.	PSY 24b.	Approximete interval Between Onset and Death  Approximete interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  The state of the state
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART ii. Other eignificent conditions conditions of the conditions	DUE TO (OR AS A CO  DUE TO	DEATH YES PLACE OF OEATH  28b. TIME O INJURY  At home, farm, etree  10b. death occurred a	enter the mode of dyin  he underlying ceuee gi  NO UNCE  Check only one)  THER: Nursing Home 5 Ras  F 28c. INJURY AT M 1 YES 2  at, factory, office	yen in Part I.  RTAIN Control  dence s Oth 28d. OE NO 26f. LO City	24s. WAS AN AUTOF PERFORMED?  1 YES 2 NO er (Specify) es (Specify) es (Specify) ex	PSY 24b.  O CCURED  The or Rural Rule at stated.	Approximete Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heert feilure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART ii. Other eignificent conditions conditions of the conditions	DUE TO (OR AS A CO  DUE TO	DEATH YES PLACE OF OEATH  28b. TIME O INJURY  At home, farm, etree  10b. death occurred a	he underlying ceuee gl  NO UNCE Check only one) THER: Nursing Home 5 Ras F 28c. INJURY AT WORK? I YES 2  at, factory, offica	yen in Part I.  RTAIN Control  dence s Oth 28d. OE NO 26f. LO City	24a. WAS AN AUTOF PERFORMED?  1 YES 2 NC  er (Specify)  SCRIBE HOW INJURY  CATION (Street and Nuiver Town, State)  Puse(a) and manner as a and place, and dua  29d.	PSY 24b.  OCCURED  mber or Rural Ro a stated. to the cause(s)	Approximete Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

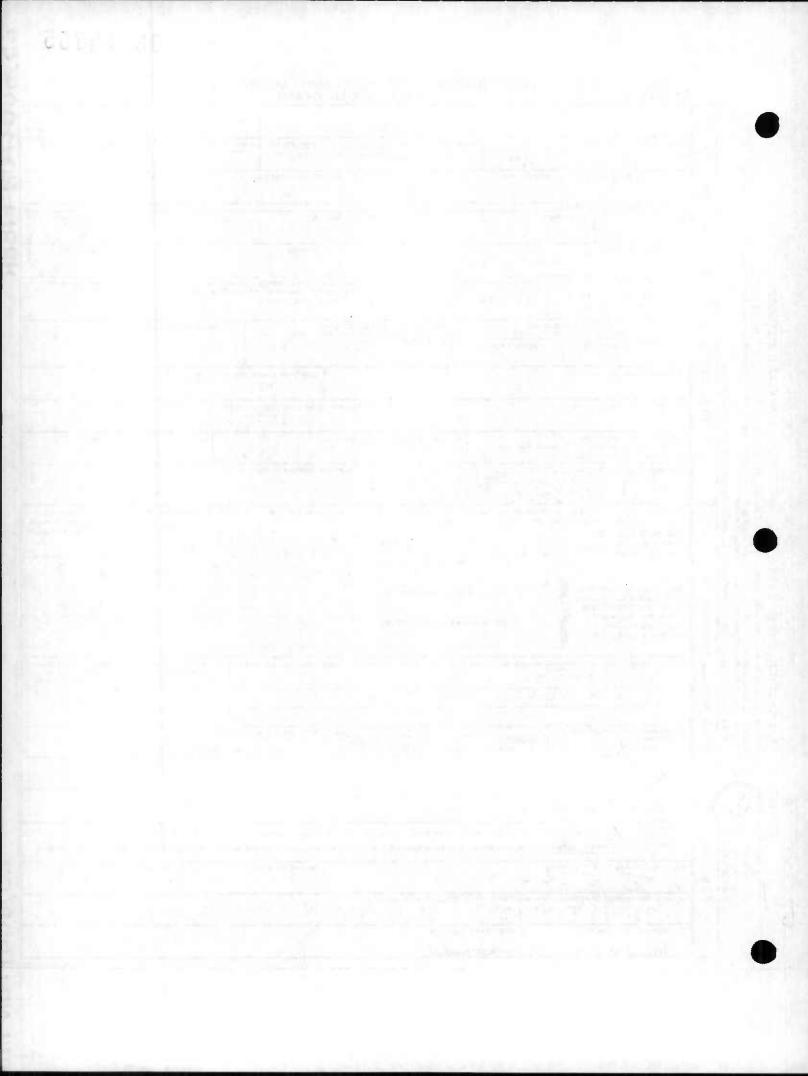
	1 - FOR STATE OF REGISTRAR	MARYLAND / DEF	PARTMENT OF		IENTAL HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)  Eric 1	R. Schisl	or		2. DATE OF DEATH NOV 23,	1994	3. TIME OF DEATH 5:00 P M	
3	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birtho	day) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIOTH	0.016	TTHPLACE (State or Foreign untry)	
	376-16-1905 1 X M 2 F 9e. FACILITY NAME (If not institution, give street and number)	75 YR		HOURS   MIN.   (Morth, Day, 16ar)   05/31/19     N OR LOCATION OF DEATH   9c. COUNT			Michigan	
TOR	416-A Silverleaf Cour	rt		Glen Burnie			Arunde1	
DIRECTOR	Maryland Anne Art	10c.	CITY, TOWN OR LOCA	Glen E	Burnie	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
RAL	10e. STREET AND NUMBER		10	1. ZIP CODE		10g, CITIZEN OF WHAT COUNTRY?		
FUNERAL	416-A Silverleaf Cou:	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			01-6037 C ORIGIN? (Specify Yea		USA ACE — American Indian,	
BY	1 Never Married 2 Married FORCES?	1 Never Married 2 Married FORCES? 1 YES 2 NO			, Puarto Rican, etc.)	81	ack, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	(Give kind	NT'S USUAL OCCUPAT d of work done during m OT use retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Last)  Charles William	n Schisle	r	16. MOTHER'S NAM	re1 M.			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAII	LING ADDRESS (Street	and Number or Rural Ro	oute Number, City or Town			
F	Carl P. Schisler		TE OF DISPOSITION (N		ic Rd. Ga			
	1 Gurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory	Cremator	y,Inc. 1	1/25 Ba	CATION — City or Altimo	re, MD	
	21. SIGNATURE OF FUNERAL SERVICE UCTASES  George E. MacNa	The	Crem	nd address of faci ation Sc	ciety of	f Md.,		
	23. PART I. Enter the diseases, or complications t shock, or heart failure. List only one of	hat caused the death. I					Approximata	
	Interval Between Onset and Death    MMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):							
NO	Sequentisity list conditions b.							
CATI	the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated eventa resulting in death) LAST							
AL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE A							
EDIC					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Z: M	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH	YES   NO	UNCERTAIN	_		1 YES 2 NO	
CIA	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LOUNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:							
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28s. DATE		A 4 Nursing Hor	URY AT	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED		
ВУ Р	1 M Natural 5 Pending 2 Accident Investigation	Day, Year)	M 1 🗆	YES 2 NO				
3 Suicide 5 Could not be determined 286. LOCATION (Street and Number or Rural Route Nu City or Town, State)							al Route Number,	
COMPLET	29e. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the best of						e(a) and menner as stated.	
H H	296. SIGNATURE AND TITLE OF CERTIFIER	nam	1	29c. LICENSE NUMB	DER 7	29d. DATE SIGN	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF	USE OF DEATH (ITEM 27) (	Type, Print) Ne VI NE	Miller	eville Mi	7/10		
		RAR'S SIGNATURE			, , , ,	-100		
	NOV 2 5 1994 Julia d'avelu	or Revolate						

٠ - J\* a. was

-
-
68760
9
N
000
w
9
20
0
-
•
BOX
P.0
-
0
Tolar .
- 00
In
07
-
1
0
0
RECORDS
0
III
-
T.
-
_
-
-
-
-
200
ш.
-
<b>u</b>
7
=
0
$\simeq$
10.
(0)
-
> '
_
0
-

		nit. Pages 1, 2, 3 should	
215-0020	attending physician.	se as the burial-transit pen	
BALTIMORE, MARYLAND 21215-0020	PURSONE THE law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	the community been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, I	ter death. Page 6 may be	the funeral director, page	DVal.
0,0	ithin Jours at	letely filled in by	elliditoli, or relli
JE VITAL RECORDS, P.O. BOX 68760,	ate be executed w	ysician and comp	mental rept. of neater and mental rygiene prior to bond, cremation, or removal.
DS, P.O. I	the death certifica	y the attending ph	о мена пуунене
L RECOR	law requires that	is been signed by	ept. of neglin an
OF VITA	PHYSICIAN: The	this certificate ha	With the billie La
DIVISION	OR ATTEMONIG	DIRECTER AND	COUNTRIES ORANG
	THE HOSPITAL	THE FUNERAL	7/ IIIIIIM DAIII

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	)	CENTIF	ICATE O	DEALL	2 DATE	REG. NO.		1.	TIME OF DEATH
- 4	William	Shou	1+2			MONT		9	YEAR 3.	1.00 A
	4. SOCIAL SECURITY NUMBER 220-14-6123		yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Mont) JUL	of BIRTH h, Day, Year) 23, 19		MARYL	ACE (State or Foreign
CTOR	94. FACILITY NAME (If not institution, give BALTIMORE RESIDENCE OF DECEDENT		SPITAL		TIMORE	CITY	1	9c. COUNT	n/	
DIREC	10e. STATE 10b. COUN	/a	10c. Ci	10c. CITY, TOWN OR LOCATION BALTIMORE						
FUNERAL	100. STREET AND NUMBER 803 HARLE			10f. ZIP CODE 21217				109. CITIZEN OF W		
ВУ	11. MARITAL STATUS 1  Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO			Y? (Specify Yes Rican, etc.)	or No-	Black, W	American Indian, hite, etc. LACK	
PLETED	1s, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			OCH INC.		16b	VAR I		STRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) CHARLES SH			18. MOTHER'S NA						
TO B	190. INFORMANT'S NAME (Type/Print)  KIM SHOULT	Z	19b. MAILIN		ond Number or Rural					218
	20a. METHOD OF DISPOSITION  1 Guriel , 2 Cremation 3 Re 4 Donation 8 Dother (Specify)	moval from State 20b.	PLACE AND DATE	of DISPOSITION ( Pilher Place) FORES	Name of		E 20c. LO			State ILLS, MD
		2 CHAC	the death. Do ch line.	WM.	C. MARCH	FH				APPROXIMATE Interval Betw
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LUNG- DUE TO (OR AS A			CARCI	NO	MA			Onset and De
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO (OR AS A	CONSEQUENCE C	DF):						
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (	DF):						
MEDICAL C	PART II. Other algnificant condition	one contributing to death bu	it not resulting	in the undariy	ng cause given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?	AM CC OF	RE AUTOPSY FINDIN AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	itlent 3 DOA	OTHER:	PLACE OF DEATH (C)				-	
	EXAMINER?	1 Inpatient 2 I ER/Outpe					SCRIBE HOW II	HILIPY OCCI	JRED	
PHYSICIAN:	EXAMINER?	28e. DATE OF INJURY (Month, Day, Year)		M 1	NJURY AT VORK? YES 2 NO			NSONT OCC		
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJURY (Month, Day, Year)	— At home, farm,	M 1	VORK? YES 2 NO	28f. LOC City	ATION (Street a or Town, State)		r Rural Rout	Number,
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PNY	28e. DATE OF INJURY (Month, Day, Year)	— At home, farm,	Street, factory, of	VORK?  YES 2 NO  Note and place, and due	to the car	CATION (Street a or Town, State)	and Number o	d.	



-	
0	
~	
6876	
~	
w	
Θ	
$\simeq$	
0	
m	
BOX	
0	
α.	
_	
46	
V)	
Ω	
~	
ш	
0	
RECORDS,	
V	
ш	
œ	
A	
VITAL	
=	
_	
11	
=	
0	
_	
Z	
Ō	
7	
U)	
_	
-	
_	
-	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE			
3	1. DECEDENT'S NAME (First, Middle, Last) HELEN M. SOUDER					2. DATE OF DEATH	19,1994	3. TIME 0	OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-3448	5. SEX 1 M 2 X F 8. AGE (In yrs. lest birthday) 1 VRS.  8. AGE (In yrs. lest birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 1 F UNDER 24 HRS. 2 F UNDER 24 HRS.					1912		
TOR	98. FACILITY NAME (If not institution, give st  ALICE MANOR NURSI  RESIDENCE OF DECEDENT	,				EATH	100	TY OF DEATH ALTIMORE	
DIRECTOR	MARYLAND 10b. COUNTY	10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIC LIMIT	DE CITY TS? B 2 \( \sum \) NO	
FUNERAL	100. STREET AND NUMBER 1917 GRINNALDS AV	ENUE		101. ZIP CODE 21230				S.A.	NTRY?
BY	11, MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 V NO	If yes, sp		NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) y:	es or No-	14. RACE — Americ Black, White, at Specify: WH	ic.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use i	k done during mo retired.)		16b, KIND OF 8			
COMP	8TH GRADE  17. FATHER'S NAME (First, Middle, Last) CHARLES , MCKELDI	N	WRAP	PER		GORDO ME (First, Middle, Maide BELL	ON PAPE	ER BOX	
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. EDWARD M. SOU				nd Number or Rural	Poute Number, City or R			
	20a. METHOD OF DISPOSITION 1 Camellon 5 Cother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), crematory or other place) LOUDON PARK CEMETERY 11/22 BALTIMORE								
	21. SIGNATURE OF FUNERAL BERVICE LIC	in Water	2	HUBBAF 4107 W	ILKENS A	AL HOME, ] AVENUE-BAI	LTIMORE		1229
	23. PART i. Enter the diseases, or c shock, or heert feilure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	135 TRU			h es cardiec or rea		inte Ons	proximate erval Between set and Death
CERTIFICATION	Sequentielly list conditiona, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	TIC C	ca mi	h CAIC	CINUN	nH (O.S)	oliz o k
MEDICAL (	Ityze Tlens	The sch					N AUTOPSY ORMED?	AWAILABLE COMPLETE OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE 7
PHYSICIAN: N	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O			UNCERTAII	N D		_	JA
tysic	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Outp 28a. DATE DF INJURY				8 Other (Specify)			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK?	28d. DESCRIBE HOW	INJURY OCCL	JRED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	At home, farm, stre	el, factory, office		281. LOCATION (Stree City or Town, State		x Rural Route Number	91,
COMPLETED		CIAN: To the best of my knowl R: On the bests of examination							ner en stated.
TO BE C	29b. SIGNATURE AND TURE OF CERTIFIER	218	M.D.		29c. LICENSE NUI	HOER 4	29d. DATE SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	ASHMI 8	21 N	Enter	s &t	, Sunte 3	808,	Balt.	MD2121
	NOV 25 1994	39. REGISTRAR'S AIGH	ATURE						

**MARYLAND 21215-0020** BALTIMORE, DIVISION OF VITAL RECORDS, P.O.

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/5/94 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SCHMIDTMAN CAROLYN CLARE NOV 1994 9:53 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Ye MONTHS DAYS HOURS MIN. 1 🗌 M 2 🏋 F 212-64-3278 YRS. 10 WASH.D.C. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1628 ANNAPOLIS RD. ODENTON ANNE ARUNDLE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7981 NOLPARK COURT-APT:#204 burial-transit 21061 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician, od in by the funeral director, page 5 should be detached for use as the bundal-tran WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, atc.)
 I YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES TONO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES TONO 1 Never Married 2 Married BY 3 Widowed 4 Divorced detached for use as the WHITE Ü 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) WAREHOUSEMAN BOOK WAREHOUSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ CHARLES ARNOLD RITA KELLY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21061 JENNIFER R. ARNOLD 7981 NOLPARK CT.APT: 204, GLEN BURNIE, MD. pe 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 X Cremation 3 ☐ Ramoval trom State
4 ☐ Donation 5 ☐ Other (Specify) OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must METRO CREMATORY, INC. 11/23 CATONSVILLE, MD. medical examiner 21. SIGNATURE OF FUREIN SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE,MD. completely filled in by the rlal, cremation, or removal. 23. PART I. Enter the diseases, o complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellars. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition a. NARCOTIC AND ALCOHOL INTOXICATION event, resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF) burial, traumatic CERTIFICATION and Sequantially list conditiona, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to cause. Enter UNDERLYING CAUSE (Disease or Injury / the attending physical properties of Mental Hygiene p or other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the PERFORMED? AWAIL ABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 PER 2 NO has been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: 1 XYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Residence 8 - Other (Specify) of the 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 9:48 P M BY FOUND 11-19-94 1 YES X NO UNKNOWN After 1 Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1628 ANNAPOLIS ROAD # 4 28 is I 3 Suicide 8 XXCould not be DIRECTOR: / COMPLETED 4 Homicide UNKNOWN TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: It Item 2: 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE NOV 20,1994 O.C.M.E. 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

111 Penn Street, Baltimore, Maryland 21201

13

NOV 2 5 1994

APPENDING RESERVE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN	
		ILLIAM	Tollev		Nov 2		0351 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HR	. 7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
	223-03-0904	1 XM 2 F	77 YRS. MO	NTHS DAYS HOURS MH	(Month, Day, Year) 04-03-19	17 NOF	TH CAROLIN	
	9a. FACILITY NAME (If not institution, give stre	et and number)	96	. CITY, TOWN OR LOCATION O	DEATN	9c. COUNTY OF	0EATH	
DIRECTOR	North Arundel Hos	spital Assoc	ciation	Glen Burnie		A.A.	County	
ច្ឆ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			DWN OR LOCATION				
E I	MARYLAND ANN	E ARUNDEL		N BURNIE			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			10f. ZIP CODE			1 - YES 2 X NO	
RA	917 DORKING ROA	7 D		210	61		WNAT COUNTRY?	
FUNERAL		12. WAS DECEDENT EVER I	NIIC ADMED					
	1 Never Married 2 Married	FORCES? 1 YES	2 VNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me	tican, Puarto Rican, etc.)	Blac	E — American Indian, ck, White, atc.	
Β¥	3 Widowed 4 Divorced	IF TES, GIVE WAR ON L	MIES	1 ☐ YES 2 📉 NO Sp	ecify:	Spe	WHITE	
	15. DECEDENT'S EDUCA		18a. DECEDENT'S USI	JAL OCCUPATION	16b, KIND OF BUS	SINESS/INDUSTRY		
ᄪ	(Specify only highest grade co	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)				
₽ V	10	NONE	MANAGER	R SEAFOOD	GROCE	RY STOR	E	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Surname)		
BE (	GUS T	OLLEY		ROSEA	LEE STO	TUC		
2	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Ru				
-	MRS. ORMA K. I	COLLEY	917 DO	ORKING ROAD	, GLEN BUI	RNIE, MD	. 21061	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	rel from State	netery, cremetory or other	ISPOSITION (Neme of	11/25/94 20c. LO	CATION — City or T	own, Stata	
	4 Donation 5 Other (Specify)	M	EADOWRID	GE MEMORIA	PK ELF	KRIDGE,	MARYLAND	
-	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND AODRESS DE	FACILITYSINGLE?	CON FUN	ERAL HOME	
	1 Xerry	The kin	_	1 SECOND A				
	23. PART I. Enter the diseases, or co	mplications that cause	d the desth. Do not	enter the mode of dying,	such as cardiac or respi	ratory arrest,	Approximate	
	shock, or heart fallure. List IMMEDIATE CAUSE (Final	st only one cause on e	esch line.	_			interval Between Onset and Death	
	disease or condition	Dradu Car	dies with	a lineal	in Aker	4.	1144 /44	
- 1	resulting in death) a.	DUE TO OR AS	A CONSEQUENCE OF):	In junious	na 10.90	ruc	Monon	
z I		3° a	two vontes	ula blac	h		days	
은	Sequentially list conditions, If any, leading to immediate	DUE TO (DR AS	CONSEQUENCE DF):		A (		aug	
5	CAUSE (Disease or injury C. Hypertensing Winney ortal disease Usas							
RTIFICATION	that initiated eventa	DUE TO (DR AS	A CONSEQUENCE OF):	1	7			
CER	resulting in desth) LAST							
	PART II. Other significant conditions	contributing to death b	out not resulting in ti	he underlying cause given	in Part I. 24s. WAS AN	ALITOREY 24	b. WERE AUTOPSY FINDINGS	
CAL	Vner low !	Chrom 1		1	ala PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1/10 / 10		and fun	and on ou	YES 2	HO	DF DEATN?	
Σ	DID TOBACCO USE CONTRI		V VEC		<u> </u>		1 PES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE C	26. PLACE OF DEATH (		AIN LI			
PHYSICIAN:	EXAMINER?	HOSPITAL:	0	THER:				
Ĭ	27. MANNER OF DEATN	28a. OATE DE INJURY	28b. TIME O	Nursing Nome 5 Residen  F 28c. INJURY AT	28d. OESCRIBE NOW II	NILIBY OCCUBED		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	1 OESCHIBE NOW II	NJUNT OCCURED		
B	2 Accident Investigation 3 Suicida Could not be	28s. PLACE OF INJURY	— Al home, lerm, stree		28 LOCATION (Street a	and Mumbar on Occasi	Doute Mumber	
	4 Nomicide 8 Could not be	building, etc. (Spe-	cify)		City or Town, State)	ING NUMBER OF PURE	Hodie Namoer,	
9	29a. CERTIFIER							
COMPLET				t the time, data and place, end				
3		On the basis of axaminatio	n and/or investigation, in	n my opinion, death occured st	ihe time, data and placa, an	d due to the ceuse(	a) and manner ea stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	10 51.	(1)	29c. LICENSE	NUMBER	29d. DATE SIGNE	(Month, Day, Year)	
2	- Juyuna	N(= IN	wygn	MV) 1)2	4572	- 11-	22.74	
-		COMPLETED CAUSE OF OF	11/1					
	Bayinnah Shabazz		O Crain Hi	ighway S.W. #	<u>401 Glen Bur</u>	nie, MD	21061	
- 1	31. 04 10 10 10 10 15 019 19 19 19	32. REGISTRAR'S SIGN						

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

В

ETED.

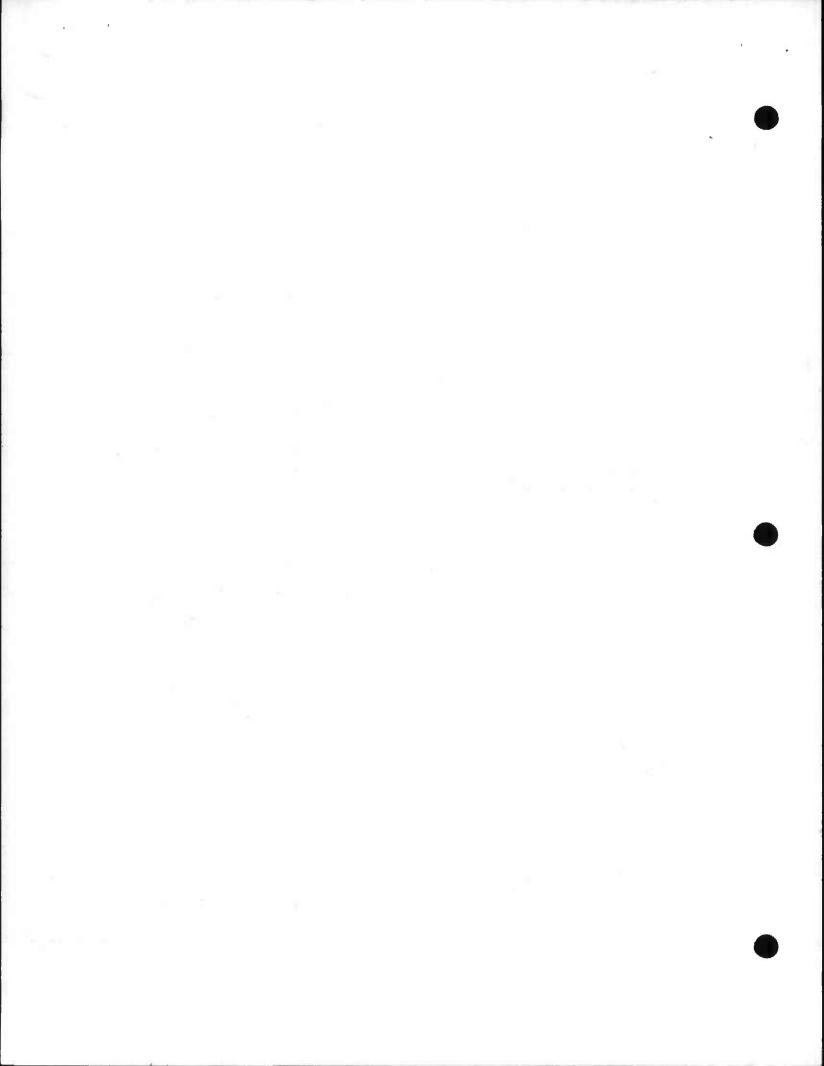
COMPLI

BE 5

funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician. notified at after death. Page 6 may be pe must examiner in and completely filled in by the to burial, cremation, or removal. medical the requires that the death certificate be executed within 24 event, traumatic the attending physician I Mental Hygiene prior to other 9 Injury, been signed by that, of Health and N shows any has be Dept. OR ATTENDING PHYSICIAN: The law 23 Item this certificate h 6 marked, After the .00 DIRECTOR: / 28 hours a item TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF DEATN YEAR NANCY MAN 01:45 Irene 24 44 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 6. AGE (In yrs. lest birthday) 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 212-34-9673 59 July Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Agnes Hospital Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Baltimore 1 YES 2 X NO Reisterstown 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 56 Pendragon Court 21136 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxicen, Puarto Rican, atc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 KO NO Specify Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elamentary/Secondary (0-12) College (1-4 or 5+) 12th Inventory Control Reliable Stores 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond Widerman Mary Ellen Lewis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Kenneth Widerman 4416 Eldone Road Baltimore, Maryland 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Lorraine Park Cemetery

Lorraine Park Cemetery Donation 5 - Other (Specify) . 11/28 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause Interval Batwean IMMEDIATE CAUSE (Final Onaet and Daath disease or condition reaulting in death) Sequentially list conditions. If any, laading to immediata cause. Entar UNDERLYING CAUSE (Diseasa or Injury that initiated evanta reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN/ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES NO OTHER: 4 ☐ Nursing Nome 5 ☐ Realdence 6 ☐ Other (Specify) 27. MANNER OF OEATN 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? TIME OF 28d. DESCRIBE NOW INJURY OCCURED 28b. Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building. etc. (Specify) 3 Suicida 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as atated. (Check only one) 2 MEDICAL EXAMINER: On the basis ADDRESS OF PERSON WHO COMPLETED CAUSE OF



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	_			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
Gladys Taylor					MONTH NOVEY				
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.8	HRTHPLACE (State or Foreign		
217-30-3473							22 MARYLAND		
9a. FACILITY NAME (If not institution, give etc.		9b.		OR LOCATION OF DE		9c. COUNTY (	OF DEATH		
Union Memorial	Hospital		Balti	more Cit	У				
10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY		
MARYLAND			IMORE				LIMITS?		
10e. STREET AND NUMBER		DALI		ZIP CODE		I too CITIZEN	OF WHAT COUNTRY?		
833 W. PRATT S	שממתש						or what cooking		
	12. WAS DECEDENT EVER I	VIIS ADMED		1201	IIC ORIGIN? (Specify Yes	USA	2405 4-1-1-1-1		
1 Never Married 2 X Merried	FORCES? 1 YES	2 NO	If yes, sp	ecity, Cuben, Mexico	n, Puerto Ricen, atc.)		RACE — American Indien, Black, White, etc.		
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1   YES	2 A NO Specify	r:		Specity: BLACK		
15. DECEDENT'S EDUC	ATION	16+. DECEDENT'S USU			18b. KIND OF BUS				
(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo ired.)	sl of working					
7th		FOOD SER	VICE/	SEAMTRE	:SS				
17. FATHER'S NAME (First, Middle, Last)			, /		ME (First, Middle, Maiden	Surname)			
CLARENCE MOORE	त्			танта	MOORE	,			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a		TOUR E	n State Zin Code	-		
HERMAN E. TAYI	OR				BALTIMOR		·		
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Ramon		PLACEANDDATEOFDI				CATION — City of			
1X Buriel 2 Cremation 3 Ramon 4 Donetion 5 Other (Specify)	ral from Stata cen	ARRISON	POPES	т 11_2			ILLS MD.		
21, SIGNATURE OF FUNERAL SERVICE LICE		MINIBON	22. NAME AN	D ADDRESS OF FAC	CILITY		LLLS MD.		
· Alla	Mell		638	N. GIL	WYLIE F/ MOR ST 2	1217			
23. PART i. Enter the diseases, or co	molications that cause	the death. Do not a	ntar tha mo	da of dying, auci	h as cardiac or respi	iratory arrest,	Approximata		
shock, or heart failure. L	ist only one cause on a	ach lina.					intarval Between Onset and Daeth		
disease or condition resulting in death)	(AZdIA	c An	RES	7			1 MMRdist		
	DUE TO (OR AS A	CONSEQUENCE OF):		: 1 4	72	-	0 11 101		
Sequantially list conditions, 6.	MULTIORS	infail.	VIZE	KING	ver Kes	with	(anels)		
if any, laading to immediata	DUE TO (OR AS A	CONSEQUENCE OF):	1.	2	1'		11.6-1		
CAUSE (Disease or Injury	Ned o Co.	ZMARM	MUT	erzy se	THASS JU	1119812	5 18/		
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	20	1/100	was So		191		
d.	MITICA	MUL	KER	114(em	eni	/	182		
PART II Other significant conditions	contributing to death b						24b. WERE AUTOPSY FINDINGS		
Coronar	Anten	Dise	A5 8	g cassa given m	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Densia of	MITRIAL ?	VALUE			1 YES 2	NO	OF DEATH?		
DID TOO ASSO LIST CONTENT		- ///				·	† TYES 2 NO		
DID TOBACCO USE CONTR				UNCERTAIN	N XX				
EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	HER:		/				
1 YES 2 NO	Inpatient 2 ER/Outp	etlent 3 DOA 4 D	Nursing Hom	e 5 🗆 Realdenca	8 Other (Specify)				
27. MANNER OF DEATH  1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	URY AT RK?	28d. DEŞCRIBE HOW I	NJURY OCCURE	D		
Accident Investigation			M 1 1						
3 Suicide 8 Could not be	28a: PLACE OF INJURY building, atc. (Spec	<ul> <li>At home, ferm, street cify)</li> </ul>	, fectory, office	•	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,		
4 Homicide determined									
29a. CERTIFIER 1 CERTIFYINO PHYSICI	AN: To the best of my know	ledge, death occurred at	the time, date	end place, end due	to the ceuse(e) end man	mer ee stated.			
	On the basis of axamination						se(a) and menner ee stated.		
296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM			NED, (Month, Day, Year)		
16/1 /	Miles			1)201		▶ //	174-19V		
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print			J	//	124/1/		
201 E. Unive	proin PK	vy,	8 Atti	more	MO	21	215		
NOV 2 5 1994	La Divoleor har								

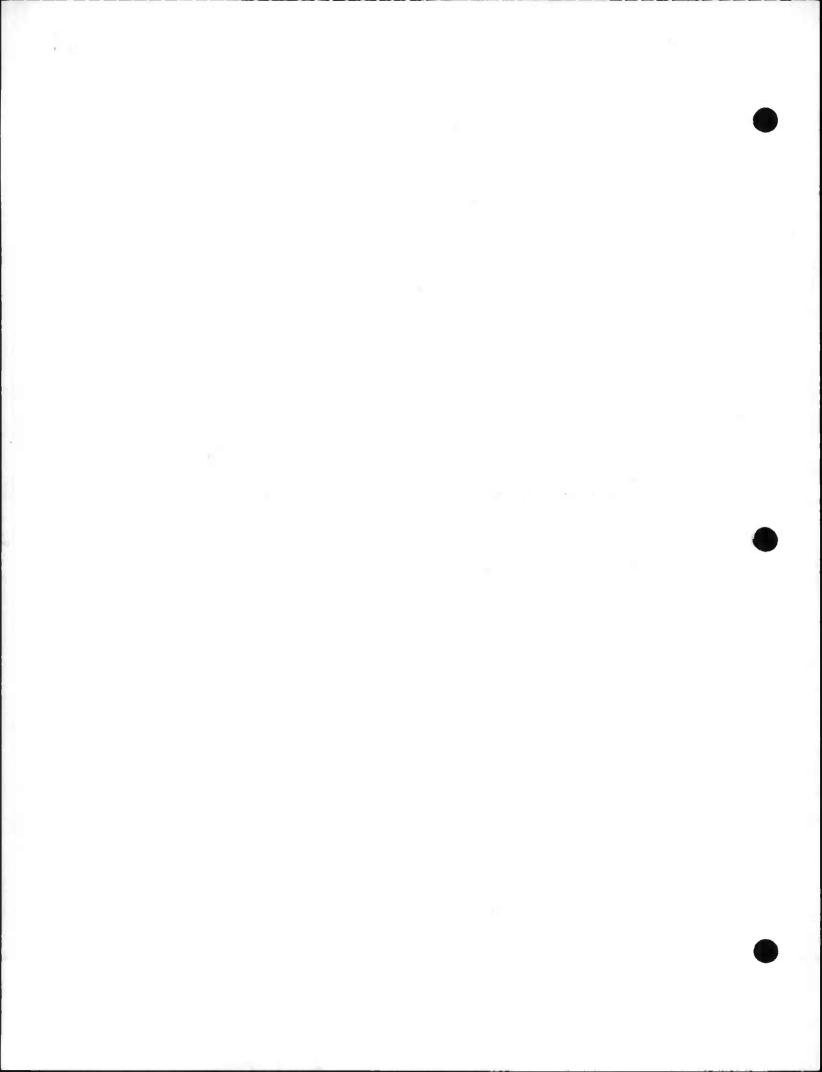
DIVISION OF VITAL RECORDS, P.O. BOX 68760

nours after death. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

> 2 5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOU Gar nomas 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 M 2 | F (Month, Day, Year 4-28-- 44-333 HOURS YRS n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. 9b. CITY, TOWN OR LOCATION OF DEATH 8 9c. COUNTY OF DEATH 70 DIRECTOR RESIDENCE OF DECEMENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 3708 Fo FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 60 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1F YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cube 1 Never Married 2 Merried Specify Black BY Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Onstruction Elementary/Secondary (0-12) Company College (1-4 or 5+) 800 Finisher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at emer BE INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS /Stre and Number or Rural Route Number, City or Town, State, Zig Code, 2 omas pe 20s. METHOD OF DISPOSITION IND DATE OF DISPOSITION (Name of DATE must Cremetton 3 - Removal from State 1/19 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSTE 22. NAME AND ADDRESS OF FACILITY 0 medicai 23. PART I. Enter tha diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, filled in by Approximata ehock, or heart feilura. List only one cause on eech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the diseese or condition Heart orgesteur completely recuiting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): bunial, Ol. PHYSICIAN: MEDICAL CERTIFICATION and Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): attending physician an If any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST 0 Mental shows any injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. the state 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? signed by t 1 TES 2 NO OF DEATH? 1 YES 2 NO certificate has been h the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) the 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) with to 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural Pending Investigation 1 YES 2 NO ВУ DIRECTOR: After hours after death death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Sulcide COMPLETED 8 Could not be 28 4 Homfcide item 29s. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated. TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho 2 \_\_ MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) and manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Month, Day, Year) BE 9 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CONAU Alpenouar 31. DATE FILED (Month, Day, Year, 1994

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

20	
	á
-	
	7
-	1
0	
~	1
2	
$\approx$	
_	
-	
=	
_	
'n	
-	
	5
<b>D</b>	
٠.	
ı	
_	ľ
â	
_	1
Ÿ	ď,
=	
_	3
_	
J	
ш	
~	
-	
9	
_	
۹.	
-	- (
IN OF VITAL RECORDS, P.O. BOX 68760	
>	1
	2
_	3
5	3
_	1
-	٩
<	9
-	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

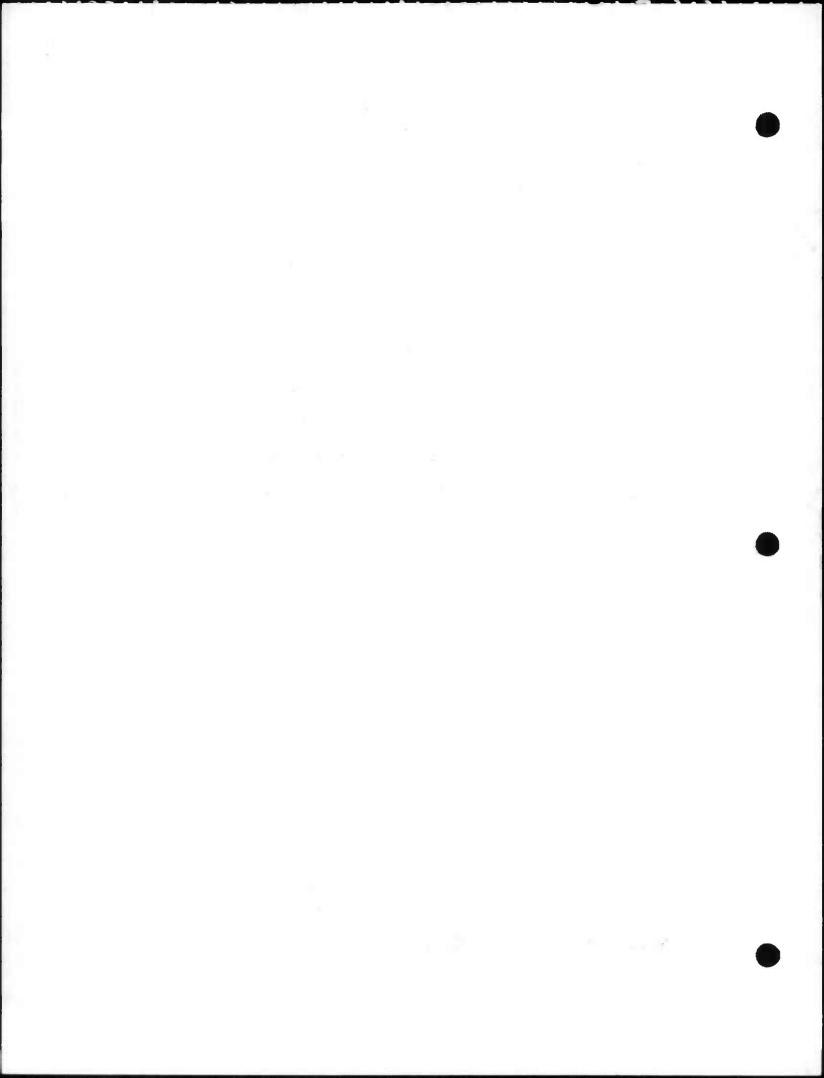
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR		SIMIE UF N	//Antu-		RTIF			DEAT		MENI		GIENI 3. NO.	t		
1. DECEDENT'S NAME (First,	, Middle, Last)										TE OF DE	ATH DA		YEAR	3. TIME OF OEATH
Clarence					age						embe			994	м
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (f	in yrs. last		IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DA1	TE OF BIR	TH Year)		8. BIRTH Countr	IPLACE (State or Foreign
212-12-625		1 💢 M 2 🗌 F		73	YRS.						n 13	,19		Nor	th Carolina
90. FACILITY NAME (If not in 1207 Poplar	Grove	Avenue					y, town o	re re	ON OF O	EATH			9c. COL	INTY OF D	EATH
RESIDENCE OF DEC	10b. COUNTY	4			10c, CIT	ry, town (	OR LOCA	TION							10d. INSIDE CITY
Maryland					Rali	timor	ra								LIMITS?
10e. STREET AND NUMBER							101	1. ZIP CODI	E				10g. CIT	IZEN OF V	WHAT COUNTRY?
1207 Poplar	Grove	Avenue					2	1216					USA		
11. MARITAL STATUS 1 Never Married 2 3 Divo	erced	WW II	YES YES	2 N			If yes, sp	CENDENT Coocify Cube	n, Mexice	en, Puer			or No-	Black	E — Americen Indien, k, White, atc. ////////////////////////////////////
	EDENT'S EDU			(Giv	ive kind of a	Work done	during mo	ON ost of working	ng	- 1	16b. KIND	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)  College (1-4 or 5+)  Laborer  Plymouth Wall Page										aper Co.					
17. FATHER'S NAME (First, M											t, Middle,		Surname)		
Adam Turnag	/ = -			100							Bear				
Elsie Burru	ıs							end Number Grove							nd 21216
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 4 Donetion 5 Dother	on 3 🗆 Rem	oval from State	ceme	etery, cren	metory or o	of Dispos	J	ame of		1				City or To	
21. SIGNATURE OF FUNERAL		ENSEE	- 1 &	حديلا	11 FC	22.	NAME A	ND ADDRE	SS OF FA	LI /	Mitte	अर मि M∏r	S IVIL	lls, M	D.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Home Inc. 2501 Gwynn Falls Parkway Baltimore, Maryland 21216															
23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.															
iMMEDIATE CAUSE (Fin disease or condition reaulting in death)		a. ACCUA				Ha	gen	l	Can	nce	a.		2		Onset and Death
Sequentially itat conditi		b													
if any, leading to immed cause. Enter UNDERLYi	diate	DUE TO	(OR AS A	CONSEC	UENCE O	F):									
CAUSE (Disease or inju		DUE TO	(OR AS A	CONSEO	UENCE O	⊮F):									
resulting in death) LAS	Т	d													
PART II. Other significa	nt condition	e contributing to	death h	ert not n	-suiting	In the III	derivin	~ ^ ^ ^ ^ ^ ^ ^ / ^ / ^ / ^ / ^ / ^ / ^	-luon In	Dort I	I 245 N		····	Last	THE ALLEGA STREET
77811 III OCIO. SIGN	THE GOILD	a continuating to	Oracii oc	at not to	/ourting	In the Gr	Merrynn	g cause ;	Jiven ni	Part 1.	P	ERFOR		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 🗆	YES 2	THO		OF DEATH?
DID TOBACCO U	SF CONT	PIRITE TO CA	LISE O	F DFA	TH Y		NO F	7 LINC	ERTAI						1 YES 2 NO
25. WAS CASE REFERRED TO		(IBOTE TO C.	_			TH (Check			LNIA	14					
EXAMINER?		HOSPITAL:	ER/Outp	atlent 3	□ DOA	OTHER		no 5 Re	sidence	8 🗆 01	ther (Speci	(fly)			
27. MANNER OF DEATH		28e. DATE OF (Month, De			28b, TIM		28c. INJ	JURY AT		T	EŞCRIBE		JURY OC	CURED	
	Pending investigation	,	wy,			М		YES 2	ON						
3 Suicide 8	Could not be determined	28e. PLACE Of building,	of INJURY of Special	— At hon	ne, ferm, s	street, fact	tory, offic			<b>281.</b> Li	OCATION (	(Street e., State)	nd Numbe	or Rural F	Route Number,
29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowl	edge, der	ath occurr	ed at the f	time, data	and piece	end due	to the	rausa(e) e	nd man	ner ee sta	rted.	
onel -															e) end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIEF	Fellon	s H	En/	19ne	2		29c. LICE	ISE NUI	MBER 287	)		29d. DAT	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHI	O COMPLETED CAUS	SE OF DEA	TH (ITEM	27) (Type,	, Print)	34/1	ino	9	1	10	2/	202		
31. NOV 2 5 19	94 /	32 REGISTRA	R'S SIGNA	ATURE			001	7700	~						



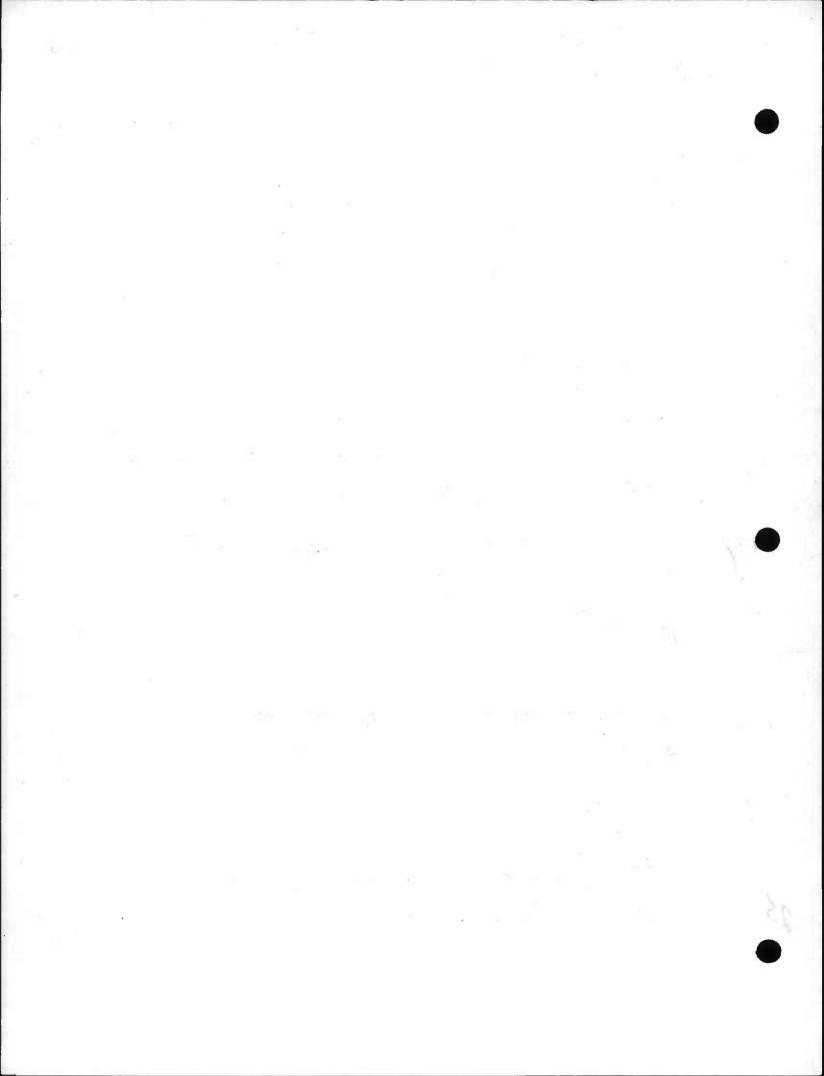
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

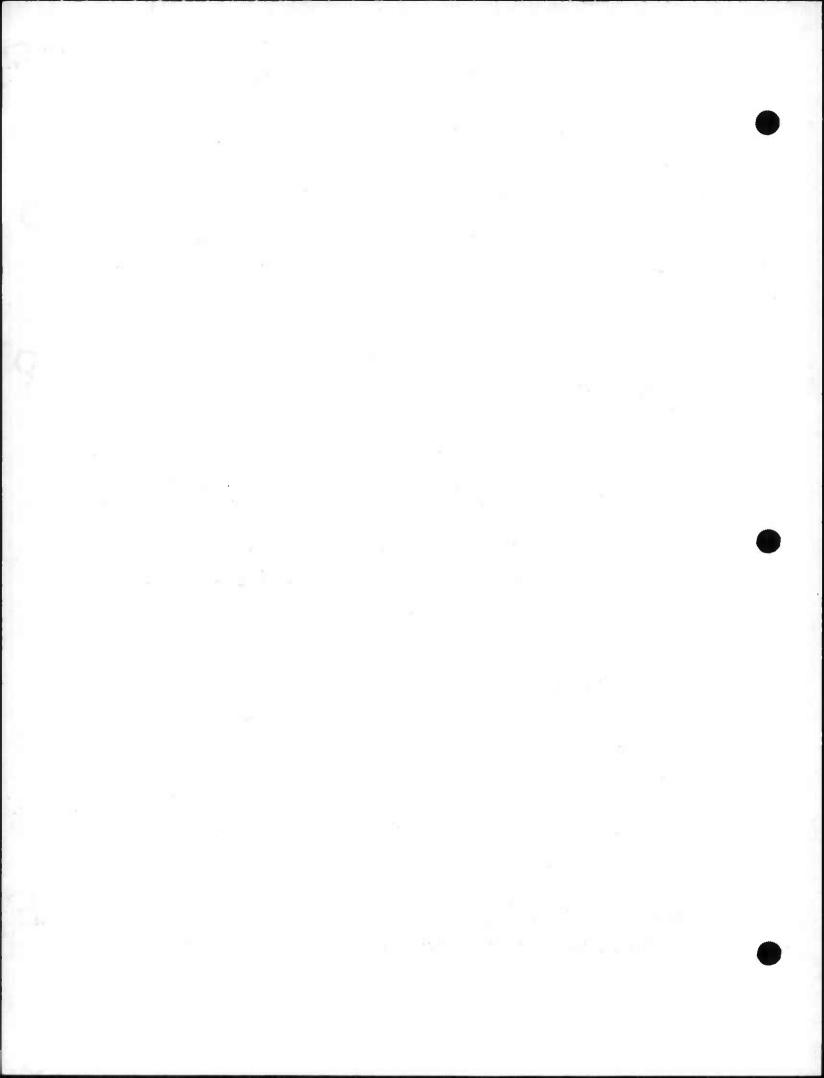
_	REGISTRAR			EKIIF	ICAL	= OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leat) ROSE		VIEREN	GEL				MONT	2. DATE OF DEATH DAY YEAR NOV. 22, 1994 12:35					
	4. SOCIAL SECURITY NUMBER 220-44-1001	1 ☐ M 2¾☐XF	100 100 AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS	7. DATE	of BIRTH h, Day, Year)		Coun	HPLACE (State or Foreign		
S S	9a. FACILITY NAME (If not institution, give st 605 Laurel Lane	reet and number)			9b, CITY		ONSVIll	DEATH		9c. COU	NTY OF I			
5	RESIDENCE OF DECEDENT													
DIRECTOR	1	ltimore		10c. CITY, TOWN OR LOCATION  Catonsville							10d. INSIDE CITY LIMITS?  1 YES 2 X NO			
FUNERAL	605 Laurel Lane			10f. ZIP CODE 21228							10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT (FORCES? 1 IF YES, GIVE WAR	YES 2X	RMED NO		If yea, sp	ENDENT OF HISI ecify Cuben, Mex 2 NO Spe	ican, Puerto I	I? (Specify Yea Rican, etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, atc. :://y: White		
3	15. DECEDENT'S EDUC (Specify only highest grade	CEDENT'S	USUAL O	CCUPATIO	ON.	18b	KIND OF BUS	SINESS/INC	DUSTRY					
COMPLETED	Elementary/Secondary (0-12)	- 1	ive kind of t b. Do NOT u: Iomem		during mo	st of working		Own H	Iome					
5	17. FATHER'S NAME (First, Middle, Last)	Callean	ANCI		18. MOTHER'S	NAME (First. I			<del></del>					
BEC	Frank Vierengel S				Veror	nica								
2	Jacqueline Kuhn	(Friend)	584 L	ucia	AVE	nd Number or Rui nue Ba]	timor	e Mary	n, State, Zip rland	212	29			
	20s. METHOD OF DISPOSITION  XXBurist 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cre	ematory or o	ther plece)		me of eterv 11	/26/Q		cation –		own, State iaryland		
'į	21. SIGNATURE OF FUNERAL BEIDICE LIC	ENSEE	1	TLITEO	22.	NAME AN	D ADDRESS OF	FACILITY				al Homes		
	Juseus	an in	200									e Maryland		
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		R AS A CONSE	OUENCE O	F):	CAR	diern	SCULA	r D,	seas	SE	Onset and Dsath		
3														
MEDICAL	PART II. Other eignificant conditions	contributing to de	eath but not	reculting	in the un	nderlylng	g ceuse given	In Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?	248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
	DID TOBACCO USE (	CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	ES I	10 🗆						
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 D NO	HOSPITAL:			OTHER	28. PL	ACE OF DEATH	Check only on						
L L	27. MANNSR OF DEATH  1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIM	- T	28c. INJ WO	a 5 Nealdend	-	CRIBE HOW II	NJURY OC	CURED			
EU BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF I building, at	NJURY — At ho	ome, ferm, s	streat, fact			28f. LOC City	ATION (Street a or Town, State)	and Number	or Rural	Route Number,		
MPLE	29a, CERTIFIER 1 PERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, de	eath occurr	ed at the 1	lme, data	and place, and d	lua to the cau	ise(a) and man	mer aa atal	ted.			
3								he time, data		d due to th	na cause(	a) and manner as stated.		
	30. NAME AND ADDRESS OF PERSON WHO	liam	an	11	20	),	D/	1171		≥//	22	(Month, Day, Year)		
	E. P. Will	IAMS 3	OF DEATH (ITE	405	T-K	red	erick.	Ave	CATO	ens	viz	4E21228		
	NUV 2 5 1994	132 REGISTRAR	Ray all									md		



1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Mi	Uninto I anti)			<del>OLITTI</del>	IOAIL	. 01	DLA		HEG. NO	,			
												MY	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		d Hawkin					1			22, 19		M	
						rs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	IPLACE (State or Foreign y)	
밀		218-54-4370		1 M 2 XF	94	YRS.					December 17	, 189	9 Ma	ryland	
Should	m	9e. FACILITY NAME (If not institu					9b. CITY,	TOWN	OR LOCATIO	ON OF DE	EATH	9c. COL	JNTY OF D	EATH	
2, 3	0	Carroll Cou	nty C	General	Hospit	al		Wes	tmin	ster		_ Ca	rrol	1 County	
Se +	[ H		Ob. COUNTY				TY, TOWN O	R LOCA	TION					10d. INSIDE CITY	
Pages	DIRECTOR	Maryland	Carr	coll Cour	ntv		.,		7.51	vkae	ville			LIMITS?	
permit,	AL C	10e, STREET AND NUMBER		. OII OOU				1 10	f. ZIP CODE		ATTIE	40- 017	1X YES 2 NO		
±.	8	7200 554	A					1 "						VHAT COUNTRY?	
DZO physician, burial-transit	FUNER	7200 Third	Avenu	12. WAS DECEDEN	T EVED IN III	P ADMED	140.1	40.05		1784			J.S.A		
DOZO og physic ne burial		1 Never Married 2 Ma	nried	FORCES?	YES 2	NO	1 1	f yes, sp	ecify Cube	n, Maxica	IIC ORIGIN? (Specity Yen, Puerto Rican, etc.)	s or No-	14. RACE Black	— American Indian, c, White, etc.	
the th	à	3X Widowed 4 Divorce	id	IF YES, GIVE V	MAR OR DATES	S	'	YES	2 X NO	Specify	r:		Specify: White		
AND 21215-0020 the hospital or attending physician, detached for use as the burial-frar once.	유		ENT'S EDUC		184	e. DECEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	MILLUE	
D an ag	COMPLET	(Specify only his Elementary/Secondary (0-12)	<del></del>	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o	furing mo	ost of workin	g					
AND he hospita letached once.	<u>a</u>	12				Hom	emake	er			1	Dom	esti	С	
AND he hospit detached once.	ő	17. FATHER'S NAME (First, Middl	le, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maiden	Surname)			
क के दि	BE (	J. Edwa	rd H	lawkins					1	Mary	Slaughter	2			
MAK retained to 5 should notified		19e. INFORMANT'S NAME (Type	VPrint)			19b. MAILIN	LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2 2 2	임	Mr. John L.	Vorde	mberge		2402	Gird	lwoo	d Roa	ad T	imonium, N	1D 21	093-	2635	
may be or, page		20a. METHOD OF DISPOSITION  1 Date  20b. PLACE AND DATE OF DISPOSITION (Name of commetter)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State													
age 6 ma director, g		4 Donation 5 Other (Sp		oval from Stata	Dru	id Rid	ge Ce	met	ery	1	1/25/94 I	Balti	more	, MD	
- 4 - =		21. SIGNATURE OF FUNERAL S	ERVICE LIC	ENSEE /			22.		ND ADDRES						
ALIIN death. Pag funeral di i.		1 Bring	w X	Ahr	1 t						ERAL HOME				
- 9 70		23. PART i. Enter the dise	0500 07 0	omplications	n sourced th	a death De		Sy	kesv:	ille	MD 21784	(41	0) - 7		
ours after or remove medical		ehock, or heer	rt feilure. L	let only one cer	use on each	ine.	not enter	the mc	ode or dy	ng, auci	n ea cerdiec or resp	iratory ar	rest,	Approximate intervel Between	
		IMMEDIATE CAUSE (Finel													
rted within completely file completely file fal, cremation, event, the		resulting in death)	• .	Cen	Shoot	اصاص	Jan	· 17	ccir	len	<u></u>				
8 5 7 6	_	disease or condition resulting in death)  a. Cerebro underly Periodent Periodent  Due to (or as a consequence of):  b. Non Qurue Mucclevellal Infantion.  If any, leeding to immediate													
OA 00 / O O O O O O O O O O O O O O O O O	RTIFICATION	Sequentielly list condition		DUE TO	(OR AS A CO	INSEQUENCE O	F): (	pe	and	Mary	Indust	tu	1.		
ficate be ophysician to prior to	ÄT	if any, leeding to immedia cause. Enter UNDERLYING			nerte			_						į l	
certificate ding physical phys	띹	CAUSE (Disease or injury that initiated events	1			INSEQUENCE O	F):							-	
- 6 1	F	resulting in deeth) LAST													
ne death the atten Mental P	S														
= 0 = L	CAL	PART ii. Other significent			deeth but r	not resulting	in the un	deriyin	g ceuse g	iven in	Part i. 24a. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
) = 8 = E	EDIC	Hypoten	LSUVY	1							1 _ YES :	NO		COMPLETION OF CAUSE OF DEATH?	
requires been signi t. of Healt	Σ													1 TYES 2 NO	
has been bept. of h	IAN:	DID TOBACCO	USE C	ONTRIBUTE	TO CA	AUSE OF	DEAT	H Y	ES 🗆	NO	M				
em ate h	SICIA	25. WAS CASE REFERRED TO M EXAMINER?	MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Che	eck only one)				
SICIAN: The certificate of the State i, or item	YSI	1 TYES 3 NO		1 Inpatient 2	☐ ER/Outpatie	nt 3 🗆 DOA			ne 5 🗆 Re	eldence	6 Other (Specify)				
PHYSICIAN: this certifical with the St	РНҮ	27. MANNER OF DEATH  1 Autural 5 Per	ndla-	28e. DATE OF (Month, E		28b. TIII	ME OF JURY		JURY AT ORK?		28d. DESCRIBE HOW	INJURY OC	CURED		
DING PHYS After this death with	Æ		eatigation				M		YES 2	NO NO					
ATTENDING ECTOR: After s after death	8		uld not be	28e. PLACE C building,	of INJURY — I atc. (Specify)	At home, ferm,	street, fact	ory, offic			26f. LOCATION (Street City or Town, State,	and Numbe	r or Rural A	oute Number,	
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma				1)/	_										
	COMPL	one) 2 MgGiCAI	LEXAMINE	of the bagin of a	xamination of	d/or inwatigati	on, in my o	pinion, d	seath occur	ed at the	time, date and place, er	nd due to t	he ceuse(e)	) end manner ee stated.	
E FU d wit	ш	296 SIGNATURE AND TITLE OF	CERTIFIE	1					29c. LICE	NSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)	
TO THE HOSPI TO THE FUNEF De filed within	00	>	4	- ( /	500	100			0	2510	kua	<b>▶</b> 1	11/2-	land	
	2	30. NAME AND ADDRESS OF A	ERSON WHO	COMPLETED CALL	OF DEATH	OTEM 27) (Tipo	L Print)			1			1.102		
J		Alexander	Ba	downli	welo	41.44	u), c	25	Uha	wor.	R1. S.	4.6	2016	Eldush	
	Ì	31. DATE FILED (Month, Day, Year		22. REGISTRA	R'S SIGNATU	RE				1	M	10	2578	14	
		NOV 2 5 19	ADP	Jalia attu	alion Ro	ala sil					100	مارة	~ ( (2	,~1	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

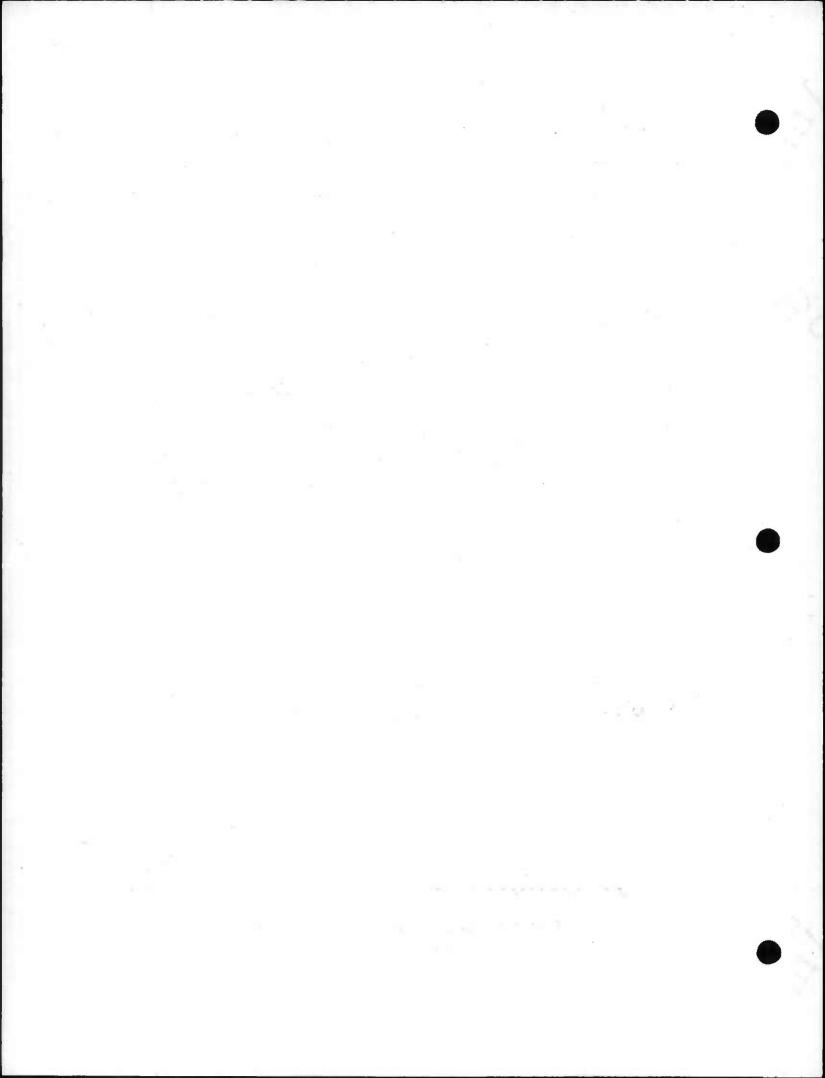
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

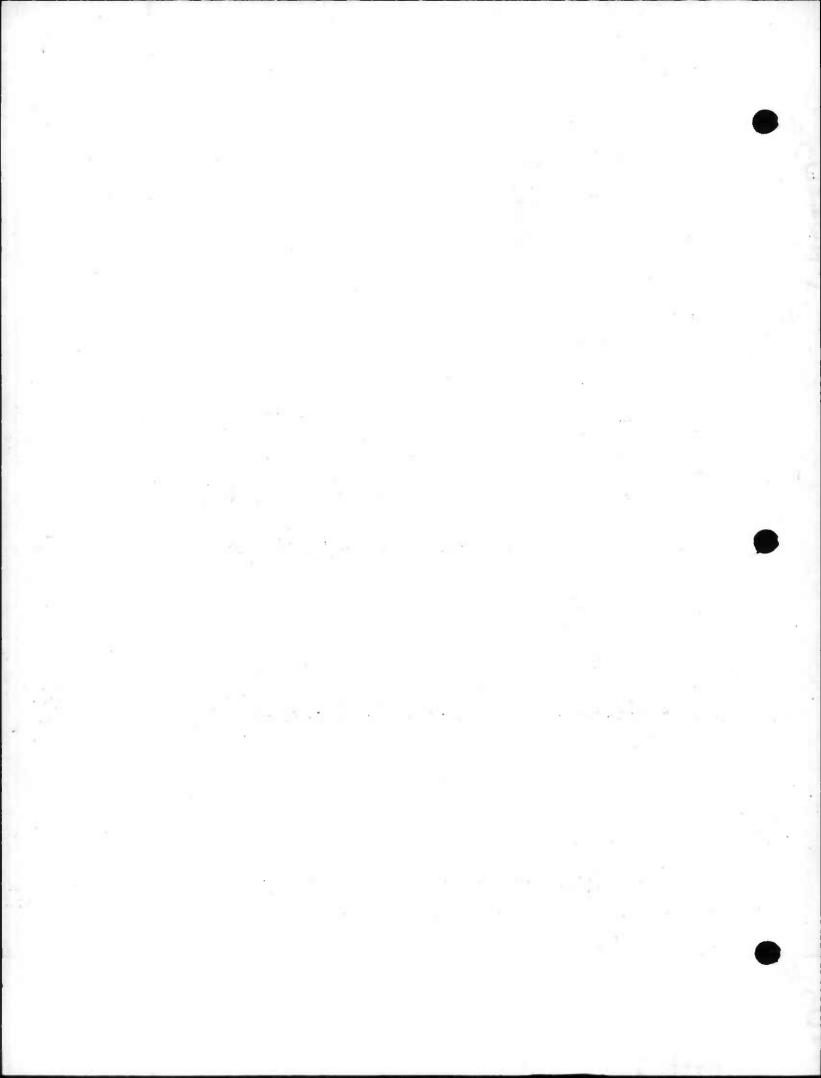
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, Middle, Last)	llie Mari				2. DATE OF DEATH MONTH NOV 24	3. TIME OF DEATH 4:45 A M						
		-	UNDER 1 YEAR	IF UNDER 24 HRS.	4:45 A M							
	□ M 2 (XF 5	2 YRS. MON	ITHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 03/01/4	12 No	orth Carolina					
245 Abbots Lane		96.		OR LOCATION OF DE	ATH	The 125 may	Anne Arundel					
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c, CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY					
Maryland Ar	ne Arundel			Arno1	Ld	T	LIMITS? 1 YES 2 X NO					
245 Abbots Lane	<u>.</u>		101	. ZIP CODE 21(	USA							
11. MARITAL STATUS 1:	IC ORIGIN? (Specify Yes	or No — 14, R	ACE — American Indian, lack, White, etc.									
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2			2 NO Specify.	, Puerto Rican, etc.)		pecify:					
15. DECEDENT'S EDUCATION 18s DECEDENT'S HELIAL OCCUPATION 455 VIND OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT AND ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITHOUT ASSESSMENT OF BUSINESS WITH ASSESSMENT OF BUSINESS WITH ASSESSMENT OF BUSINESS WIT												
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)												
17. FATHER'S NAME (First, Middle, Last)		Homen	aker			Home						
Lee Frankli	n Cmith				ME (First, Middle, Meiden Cornelia	Jeff	anat					
19e. INFORMANT'S NAME (Type/Print)	II Smitti	19b. MAILING ADD	DRESS (Street e		OTTETTA Oute Number, City or Tow							
Matthew R. Wins	slow_				Arnold, M		012					
20e. METHOD OF DISPOSITION 1 □ Burlel 2 X Cremetion 3 □ Remove	20b. PL/	CEAND DATE OF DI	SPOSITION (Na	me of	DATE 20c. LO		Town, State					
4 Donetion 5 Other (Specify)	Met	ro Crem		,Inc. 1		Baltim	ore, MD					
21. SIGNATURE OF EUNERAL SERVICE LICEN	May Mile		Crema	tion Sc	ciety of	Md.,	Inc.					
George E. M	<u>lacNabb</u>		299 F	rederic	k Road	Balto	., MD 21228					
23. PART i. Enter the diseases, or compensation of the compensatio	plications that caused the conly one cause on each  DUE TO (OR AS A CO)	) Can					Approximata interval Between Onset and Daath					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM											
PART II. Other eignificant conditions of	ontributing to deeth but n	ot reaulting in th	e underlylng	ceuee given in f	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS					
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
2							DF DEATH?  1 YES 2 NO					
✓ DID TOBACCO USE CONTRIB				UNCERTAIN								
	OSPITAL:	PLACE OF DEATH (C	HER:	-74								
1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatien  28e. DATE OF INJURY	28b. TIME OF	Nursing Home	5 Residence		i						
1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 V		28d. DEŞCRIBE NOW II	NJURY OCCURED						
2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY - A	t home, ferm, street			281. LOCATION (Street &	and Number or Rur	al Route Number,					
4 Homicide determined	building, etc. (Specify)				City or Town, State)							
	N: To the best of my knowledge											
2 MEDICAL EXAMINER: C	On the beele of examination end	l/or investigation, in	my opinion, de			d due to the ceus	se(s) end menner ee atated.					
296. SIGNATURE AND TITLE OF CERTIFIER	1	Interi	67	MD D	BER 37239	N	(Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH											
31. DATE FILED (Month Day Year)	32/ PERISTRABIS RANATHE	1,	44/ Y	ork Roa	d Luthe	rville	e. MD 21093					
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	-										

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND F DEATH	MENTAI	L HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH	_			
	Lyell Gressi	tt Walte	n			Novem			YEAR	7:25 P.	М			
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (II	yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTH		S. BIRTHP	LACE (State or Foreig	n			
	217 10 7/01	□ M 2 🔀 F 72	YRS.	MONTHS DAYS	HOURS MIN.		t 4,192	2	Mary					
œ	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATH				
5	2 Haddon Court			Balti	nore			Balt:	imor	e County				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				T	10d. INSIDE CITY	_			
	Maryland Baltimo	re County	Ba1	timore						LIMITS?	,			
FUNERAL	10e. STREET AND NUMBER			3	IOF. ZIP CODE			t0g. CITIZE	N OF WI	HAT COUNTRY?				
MER	2 Haddon Court				21212				U.S	.A.				
FU	11. MARITAL STATUS  1 Never Merried 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO		ECENDENT OF HISPA specify Cuban, Maxic			or No— t	4. RACE Black,	- American Indian, White, atc.				
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES X		ES 2 X NO Speci		, ,		Specify					
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BUS	INESS/INDU	STRY	White	_			
E	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during e retired.)	most of working		74.0		TIME					
AP.		3	Homema	ker			Own Ho	ome						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)  Tolan Light or Congression of the C													
BE (	John Walter Gressitt Maude Rutter													
70	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  LI Poil Ovy Tip 1 to 2													
-	H. Bailey Walten 2 Haddon Court, Baltimore, Maryland 21212													
	20s. METHOD OF DISPOSITION  1 1 2 Deniel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, cremetory or other place)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY													
	Mitchell-Wiedefeld home 6500 York Rd. Baltimore, Maryland													
	pomore	25/		650	O York Rd	l. Bal	Ltimore	e, Mai	ryla	nd 21212				
	23 PART I. Enter the diseeses, or com shock, or heart fellura. List	iplications that caused on ea	the death. Do n ch lina.	ot enter the r	node of dying, suc	ch es card	liac or reepin	ratory erre	st,	Approximete Interval Betw				
	shock, or heart fellura. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition													
13	resulting in death)	49	myro	Ma		_								
		DUE TO (OR AS A	CONSEQUENCE OF	):										
CERTIFICATION	Sequentially liet conditions, b	DUE TO (OR AS A	CONSEQUENCE OF	);										
SAT	If any, leading to immediate cause. Enter UNDERLYING			,						İ				
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF	):										
IH	resulting in death) LAST													
	PART II. Other significent conditions of	ontributing to death in	t not resulting in	n the underly	ing ceuse given in	Part I	24s. WAS AN	MITTORRY	245	WERE AUTOPSY FINDI	NCC			
MEDICAL	Macked (1)	plearel			ing could given it		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAU				
	Hyporeania	Precedent	W.			[	1   YES 2	X NO		OF DEATH?				
	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH	YES I NO					1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C		el	-	1					
Sic		OSPITAL:	tient 3 DOA	OTHER:	ome 5 TRasidence	-								
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. I	NJURY AT	1	CRIBE HOW IN	JURY OCCU	RED					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YORK? YES 2 NO									
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Special	At home, ferm, s	treet, fectory, of	fice		ATION (Street a	nd Number o	r Rural Ro	ute Number,				
COMPLETED	4 Homicide determined	Tanang, stat (opcon	"			City	or lown, state)							
2	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurre	d at the time, de	ite and place, and du	e to the cau	se(s) and man	ner as stated	1.					
No.	one) 2 MEDICAL EXAMINER: (									and menner as state	d,			
Ö	29b. SIGNATURE AND TITLE OF GERTIFIER	. /	. 0		29c. LICENSE NU	MBER		29d. DATE	SIGNED (	Month, Day, Year)	_			
m	1830 1 DA	ntons	- Lus		D-2240					3. 1994				
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)				1101	. 4.	J, 1774				
	Joseph D'Antonio.	M.D. 7401	Osler Dr	ive. To	owson. MD	. 212	204							
	Joseph D'Antonio, 31. DATE FILED (Month, Day, Year) NOV 2 5 1994 Julia	12. REGISTRAR'S SIGNA	TURE	7	, , ,									
	NOV2 5 1994 Julia	primaria randa	PS4											



	1 - STATE REGISTRAR	STATE OF MA					DEATH	MENI	REG. NO.	E .			
1	1. DECEDENT'S NAME (First, Middle, Last)  MARY HUGHES V							MO	TE OF DEATH	2	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	1	. AGE (In yrs. I	lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS	7. DA	TE OF BIRTH		Baltimore    10d. INSIDE CITY LIMITS?   1		
	102-14-7859	1 □ M 2 🔀 F	83		MONTHS	DAYS	HOURS MIN	Ser	onth, Day, Your)	911	Country)		
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN OF	R LOCATION OF		9c. COUNTY OF DEATH				
E C	Stella Maris Ho	ospice				To	owson		Ba	1timo	re		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT			1	Y. TOWN O								
DIRECTOR	The state of the s	altimore		10c. CI	Y, TOWN O		ow ltimore	2				LIMITS?	
AL	10e, STREET AND NUMBER						ZIP CODE			100 CITI			
ER	8027 Bank	Street				"	21224	1				AI COUNTAIT	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT							GIN? (Specify Yee	or No—			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAI		JNO		Yes, spec	cify Cuban, Max 2 X NO Spi		to Ricen, etc.)				
		1										White	
12	15. DECEDENT'S EDI (Specify only highest grad	de completed)		DECEDENT'S (Give kind of life. Do NOT u	work done o				16b. KIND OF BUS	SINESS/IND	USTRY		
급	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1	leric					Bond	Dis	tribu	ting	
once.	17, FATHER'S NAME (First, Middle, Lest)					Т	16. MOTHER'S	NAME (Firs	st, Middle, Maiden				
TO	Jacob R. Mortor	1					Ola V	Vatso	atson				
TO BE	19e. INFORMANT'S NAME (Type/Print)		1						umber, City or Town				
De no	Lora Hughes		-	1031	A Ma	ace I	Ave. Ba	altin	nore Md.	212	21		
must b	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rer	moval from State		EAND DATE		TION (Nerr	ne of	D	ATE 20c. LO	CATION —	City or Town	n, State	
	4 Donetion 5 Other (Specify)	ICENOES O			f Fa		11/25,		Rc	ssvi	11e M	id	
examiner	D T	ICENSEE /		11			D ADDRESS OF		. Home o	of Es	Sex		
	1. Lerr	11 (a	nne	lle	/ 30	00 Ma	ace Ave	Ba	1timore	Md.	2122	21	
medicai	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that	caused tha d	death, Do	ngt sater	the mod	ta of dying, s	uch as c	ardiac or respi	ratory arr	est,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition	,			00			71-		1		Onset and D	
event, the	resulting in death)					\-\n\	1063/	17E	Llom/	T		Ryr:	
		DOE 10 (C	OR AS A CONS	EOUENCE C	<b>I</b> F):							0	
other traumatic	Sequantially list conditions, if any, laading to immediate	bDUE TO (C	R AS A CONS	EOUENCE C	F):								
S E	cause. Entar UNDERLYING CAUSE (Disease or injury	c											
RTIFIC	that initiated events resulting in death) LAST	DUE TO (C	R AS A CONS	EOUENCE O	F):								
P	Testiting in death) CAST	d											
y injury.	PART II. Other significant condition	ins contributing to d	eath but not	resulting	In the un	derlying	causa givan	In Part I.	24e. WAS AN				
S S									PERFOR	20		OMPLETION OF CAU	
shows an													
23 sh	DID TOBACCO USE	CONTRIBUTE	TO CAL	USE OI	DEAT	H YI	ES D	10 🗆					
I, or Item 23 shows an HYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH	Check only	one)				
= 0	1 TYES 2 THO 27. MANNER OF DEATH	1 - Inpatient 2 - I			4 🗆 Nurs	ing Home	5 Residen						
5 5	Natural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIN	JURY M	28c. INJU WOR	PRY AT RK? ES 2 NO	28d. I	DEŞCRIBE HOW II	NJURY OCC	CURED		
5 U	2 Accident Investigation	28a PLACE OF	INJURY — At I	home, ferm.	atreet, fects			28f. I	OCATION (Street 4	and Number	or Rural Box	ita Numbar	
marked BY P			c. (Specify)			,,			city or Town, State)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF FIGHT FIOL	no marrios,	
8 is marked ED BY P	3 Suicide 8 Could not be 4 Homicide determined	building, et											
m 28 is marked ETED BY P	3 Suicide 6 Could not be 4 Homicide determined	building, et	v knowledne	death occur	ad at the ti	mo deto o	and place and	tra ta tha	anunital and man		- 4		
If item 28 is marked MPLETED BY P	3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	SICIAN: To the best of m										end manner as state	
If item 28 is marked MPLETED BY P	3 Suicide 4 Homicide  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of m					ath occured at	the time, d		d due lo th	e ceuse(e)		
IPORTANT: If item 28 is marked BE COMPLETED BY P	3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only	SICIAN: To the best of m		or investigati				the time, d		d due lo th	e ceuse(e)		
HTANT. If item 28 is marked E COMPLETED BY P	3 Suicide 4 Homicide  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of m	Mination and/o	r investigati	on, in my o		ath occured at	the time, d		d due lo th	e ceuse(e)		
IPORTANT: If item 28 is marked BE COMPLETED BY P	3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE  CALCOLORY  201  202  3 Could not be determined  4 COULD FOR SIGNATURE AND TITLE OF CERTIFIE  CALCOLORY  3 COULD FOR SIGNATURE AND TITLE OF CERTIFIE	SICIAN: To the best of m IER: On the best of axase CHO COMPLETED CAUSE	OF DEATH (IT	TEM 27) (Type	on, In my o	olnion, de	ath occured at	NUMBER		29d. DATE	e ceuse(e)	Aorith, Dey, Year)	



S
MARYLAND
BALTIMORE,
X 68760,

1215-0020

FUNERAL DIRECTOR

BY

COMPLETED

BE

5

notified at

pe

must

examiner

the

event,

or other traumatic

Item 23 shows any Injury,

the 6

is marked,

MPORTANT: It item 28

COMPLETED

2

BY PHYSICIAN: MEDICAL CERTIFICATION

or removal medical

DIVISION OF VITAL RECORDS. P.O. BO

	. Pages 1, 2, 3 should
s PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Ners after death. Page 6 may	in by the funeral director, pr removal.
te be executed within 24 no	this certificate has been signed by the attending physician and completely filled in by the fi with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
uires that the death certifical	signed by the attending phy Health and Mental Hygiene
IG PHYSICIAN: The law requ	ter this certificate has been ath with the State Dept. of I
THE HOSPITAL OR ATTENDIN	THE FUNERAL DIRECTOR: Aftified within 72 hours after dea

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) WILLIAMS SADIE LOUISE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 1 M 2 F 85 YRS. -32 - 33559a. FACILITY NAME (If not institution, give street and number) Golden Oaks Nursing Home Laurel RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION Maryland Prince George's Laurel 10e. STREET AND NUMBER 10f. ZIP CODE 6324 Meadowridge Road 21227 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 2 X NO 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 1 YES 2 NO Specify 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Domestic 17. FATHER'S NAME (First, Middle, Lest) James Ragler 19e. INFORMANT'S NAME (Type/Print) Mary Williams 20b. PLACE AND DATE OF DISPOSITION (Name of

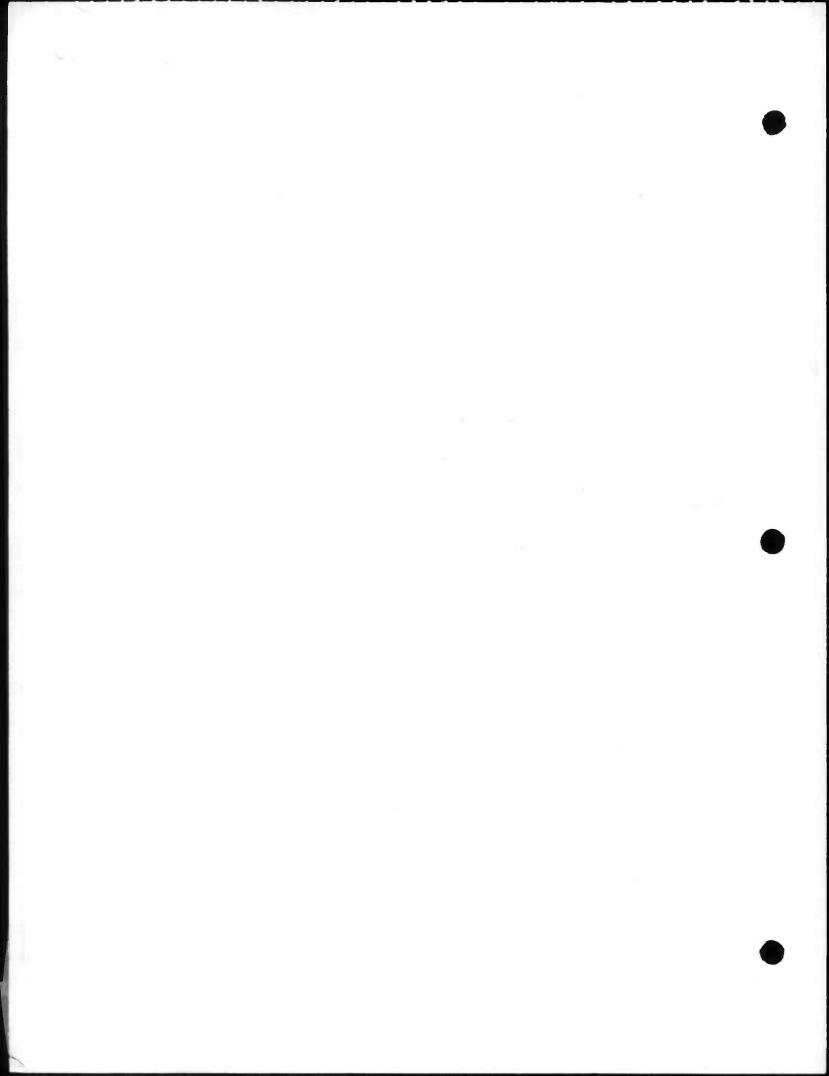
2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR 1994 November 19 8:55 PM 7. DATE OF BIRTH (Month, Day, Year) March 23,1909 8. BIRTHPLACE (State or Foreign Pennsylvania 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, Specify: Black 16b. KIND OF BUSINESS/INDUSTRY Private Families 18. MOTHER'S NAME (First, Middle, Melden Surname) Hannah Hodge 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6324 Meadowridge Road Balt. Md. 21227 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Ra
4 Donation 5 Other (Specify) OATE 20c. LOCATION — City or Town, State Meadwride Cenetery 11/25 Elkridge Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc. 2501 Gwynn Falls Parkway Balt. Md. 21216 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or cart failure. List only one cause on each line. Approximata Intarvai Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition erebrovascular resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 6 Could not be 4 Homicide 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(a) end manner as stated, 29c. LICENSE NUMBER

1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	9	Francis J. White  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)   Fig.	UNDER 1 YEAR   IF UNDER 24 HRS.	2. DATE OF DEATH DAY 11 14	94 11	ам							
3 should		213-36-6890 1 1 x M 2 □ F 53 YRS. MON	THS DAYS HOURS MIN.	1270871940	) Md .	org/i							
1, 2, 3 s	TOR	1125 S. Clinton Street	Baltimore										
permit. Pages	. Вивестоя	Md. Ba	altimore		10d. INSIDE CITY LIMITS?  1XXYES 2 N	NO							
	FUNERAL	100. STREET AND NUMBER 1125 S. Clinton Street	101. ZIP CODE 21224		U.S.A.								
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS    12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAR If yes, specify Cuben, Mexice 1 YES 2X NO Specify	NIC ORIGIN? (Specify Yee or No-	t4. RACE — American Indier Black, White, etc.     Specify:	n,							
21 al or for u	LETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use reti	done during most of working	16b. KIND OF BUSINESS.									
AND 21 the hospital or detached for u	COMPL	12 Clerk 17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	Johns Hop  ME (First, Middle, Maiden Surnam	okins Parkin	g							
2 5 8 K	BE C	Unknown	Angel	ine Marinoz	zzi								
may be retained to or, page 5 should set be notified	Rev. John G. Tizio, C.S.S.R 109 Duke of Glouchester St., Annapo												
MORI age 6 may director, p		- City or Town, State											
BALTIMORE, nours after death. Page 6 may be of in by the funeral director, page or removal. medical examiner must be		21. BIGHATURE OF FUNERAL SERVICE LICENSIEE	22. NAME AND ADDRESS OF FA		21231 901 Eastern	Δνο							
Co. BOX 68760,  certificate be executed within 24 hours after ding physician and completely filled in by the tygiene prior to burlat, cremation, or removal other traumatic event, the medical	FICATION	23. PART I. Enter the diseases, or compilications that caused the death. Do not a shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  But To (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		h as cardiac or reapiratory	Approximation interval Bet Onset and	tween							
다 들을 들이	L CERTIFI	resulting in death) LAST  d  PART II. Other algnificant conditions contributing to death but not resulting in the	a underlying cause given in	Part I. 24a. WAS AN AUTOP	DAL WEST HITTORY EN	IDM IOA							
RECORDS, requires that the dea een signed by the att of Health and Menta shows any injury,	MEDICAL	HypenTenja	a dideliying cause givan in	PERFORMEO?	AVAILABLE PRIOR TO	TO AUSE							
	IAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [ 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (CI		N D									
CIAN: T CIAN: T ertificat the Stat or ite	PHYSICIAN	1 Pes 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4		8 Other (Specify)									
O 돈 볼 볼 열	ВУ РН	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED								
DIVISION DR ATTENDING DIRECTOR: After hours after death Item 28 is ma		3 Suicide 6 Could not be 4 Momicide determined 28e. PLACE OF INJURY — At home, term, street building, etc. (Specify)	, tectory, office	28t. LOCATION (Street and Nurr. City or Town, State)	nber or Rural Route Number,								
목 국 시 는	COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at one)  MEDICAL EXAMINER: On the best of examination end/or investigation, in				rled.							
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	296. BIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUN	ABER 29d. 0	DATE SIGNED (Month, Day, Year)								
	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,	1										
3		NOV 2 5 1994 July or austron Condally											



ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/5/94 t.t.

1 - REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

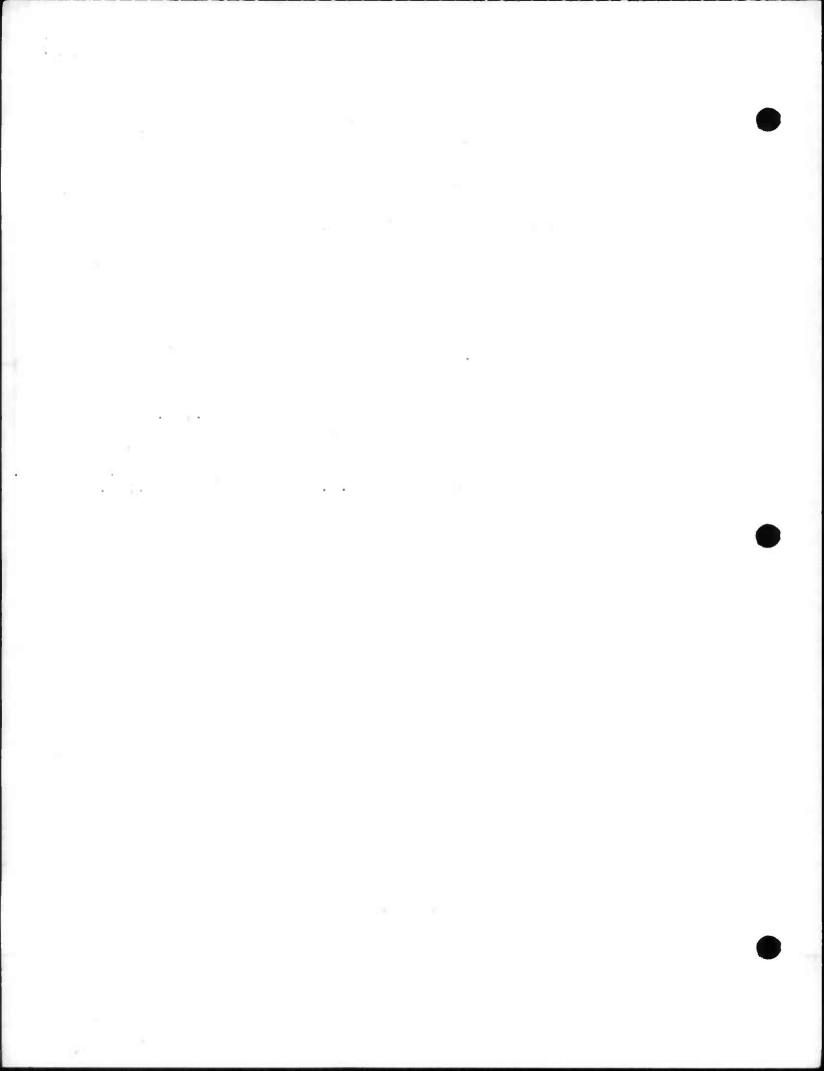
		712007777						IOATI	- 01	שבת		_	AEG. NO	·			
		1. DECEDENT'S NAME (First, Middle	le, Lest)					חזודת	IANI			2. DATE MONTI NOV	OF DEATH	5 19		. TIME OF OEAT L 2 : 4 6	Рм
		NATALIE  4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. last		AULT		IF UNDER	24 HRS		OF BIRTH			ACE (State or Fo	
		212 37 1038	?	1 🗆 M 2 😓 F	2		YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	n, Day, Year) le 30.		Country) Mary	, ,	wongri
3 should		9a. FACILITY NAME (If not institution		treet and number)				9b. CITY	, TOWN	OR LOCATI	ON OF DE		<u>e</u> )0,	9c. COUNT			
2, 3	OB	2309 FLEET		REET				BAI	ILT	MORE	CI	ΤΥ			====		
<del>-</del>	딥	10a. STATE 10b.	COUNT	γ			10c. CIT	Y, TOWN (	OR LOCA	TION						Od. INSIDE CITY	
. Pag	DIRECTOR	Maryland	===	====			Ba	ltim	one						LIMITS? 1 √ YES 2 NO		
permit. Pages	AL	10a. STREET AND NUMBER	~							f. ZIP COD				10g. CITIZEN OF WHAT COUN			
	FUNERAL	2309 Fleet.	tre	et						2/2	24	U.S.A					
020 physician. burial-transit	글	11. MARITAL STATUS  1 Never Married 2 Marrie	ed	12. WAS DECEDEN	YES	2 X N			if yes, s	pecify Cuba	ENT OF NISPANIC ORIGIN? (Specify Yas or No- Cuban, Mexican, Puarto Rican, atc.)			or No- 1	I. RACE - Black, \	- American India White, etc.	en,
O 5 4	B	3 Widowed 4 Divorced		IF YES, GIVE V	MAR OR D	DATES			1   YE	S 2 X NO	Specify	y:			Specify:	White	
r attending	9	15. DECEDEN (Specify only highe						USUAL O		ON ost of workin	na	16b	16b. KIND OF BUSINESS/INDUSTRY				
	<u>     </u>	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life.	Do NOT us	se retired.)									_
AND 21 the hospital or detached for u	COMPLET	17. FATHER'S NAME (First, Middle,	Last)			<u>no</u>	ne			10 MOT	MED'S MA	ME /First /	dictribe Maicles	Curnomal			
YL/ by the	Ш		,	nknown				18. MOTNER'S NAME (First, Middle, Meiden Surname) Renee Aulton									
MARYLAND retained by the hospit should be detached notified at once.	100	19a. INFORMANT'S NAME (Type/Pr.	int)			19b	. MAILING	ADDRES	S (Street	and Number		ral Route Number, City or Town, State, Zip Code)					
E, M y be ret sage 5 s	2	Sharon Aulto	n	1634 Woodtree Court Annapolis,							, Mary	lano	21401				
RE may		20e. METHOD OF DISPOSITION 1 Department 2 Greenstion 3		ovat from State	20t	b. PLACE A	DI ACE AND DATE OF DISPOSITION (Along of							ty or Town	, State		
IMO Page 6 direct		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Ser		CENSEE	_   6	Len	Have	n Memorial Park 1/18 Glen Burnie, Marylan  22. NAME AND ADDRESS OF FACILITY  GODDOO J. GODDOO F. L. DOOR J. J. J. J. J. J. J. J. J. J. J. J. J.								ınd	
BALTIM( after death. Page by the funeral direct noval.  cal examiner in		<b>&gt;</b> 40 J	10	RI	4			Ge	cong	eg.	Gone	ce Fi	ineral	Home	P.A.	21225	
BA after d by the 1 imoval.		23. PART i. Enter the diseas	~ ~	· Survivore the	1.00000	d the de	oth Do	40	00/	Ritch	rie 1	Hwy.	Balt	imore,	Md.		
ed in the		shock, or heart t	allure.	List only one car	use on a	ach ilne.		iot ainai	tire iii	ode of dy	ing, suc	ii as care	nac or respi	ratory arres	н,	Approximation interval Bo	etween
within 24 ho within 24 ho opletely filled cremation, or cent, the m		disease or condition resulting in death)		s. SMOKE II	ΜΗΔΙΔ΄	TION										Onser and	Daotti
ted within completely fal, cremat		resulting in death)				A CONSEC	UENCE O	F):							_		
coccuted with and complet b burial, cren	NO	Sequentially list conditions, Due to (or as a consequence of):															
BOX cate be e bhysician prior to prior to	ATI	If any, leading to immediate cause. Entar UNDERLYING	J	DOE 10	(OH AS /	A CONSEQUENCE OF):											
D. B tificate g physiene p	IFIC	CAUSE (Disease or Injury that initiated events	1	OUE TO	(OR AS	A CONSEO	A CONSEQUENCE OF):										
_ = = =	CERTIFICATION	resulting in death) LAST	L	d													
		PART II. Other significant co	ndition	s contributing to	death b	but not re	suiting	in the ur	deriyir	g cause g	givan in	n Part I. 24a. WAS AN AUTOPSY				ERE AUTOPSY FI	
ORDS that the ed by the th and Me any Inju	EDICAL									10		1	PERFOR		C	VAILABLE PRIOR OMPLETION OF C F DEATH?	
Sign Sign	MEC															YES 2	VO
Law law		DID TOBACCO USE C		RIBUTE TO CA	USE C		_				ERTAII	N 🔲					
OF VITAL PHYSICIAN: The law this certificate has b with the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?  1 ¬YES 2 NO	DICAL	HOSPITAL:	7	26. PLACI		OTHE	<b>a</b> :	-							
the the	HYS	27. MANNER OF DEATN		1 inpetient 2	INJURY	patient 3	28b. TIM	E OF	28c. IN.	na 5 💢 Ro JURY AT	eaidence		CRIBE NOW I	NJURY OCCU	RED		
NG PHYS frer this ceath with	ВУ Р	1 Natural Fondi	ng Igation	11/15/			UNKN	OWN <sup>M</sup>		YES 2 K	)(NO		N HOUSE				
ATTENDING PETTON: Atter S after death		3 Suicide 6 Could	not be	28a. PLACE C building,	of INJURY	Y — At hor			ory, affi	ca		28f. LOC. City	ATION (Street or Town, State)	and Number of	Rural Rou	te Number,	
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETE	4 XX Nomtcide determ	nineq			H0	ME					2309	FLEET	ST.			
DIV TAL OR / AL DIREC 72 hours 1f item	COMPL	anal		CtAN: To the best of													
	00	2 X MEDICAL E		R: On the beals of a	xaminatio	on and/or Ir	rveatigatio	n, in my c	pinion,	death occur	red at the	time, data	and place, an	d dua to the	cause(s) s	nd manner as a	tated.
To the Hospi To the Funer be filed within	BE	215 THE HATURE AND TITLE OF CERTIFIER								29c. LICI	ENSE NU	WBER				fonth, Day, Year)	
₽ ₽ 2 <b>3</b>	2	30 NAME AND ADDRESS OF PERS	SON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	1 27) (Type	Print)			) . C .	M.E		NO1	7.16	,1994	
		MARYANIM	1						tre	et,	Bal	.time	ore,	Mary]	land	2120	1
\		31. DATE FILED (Month, Day, Year)	1.1	P. REGISTRA												_	
	1	NUVZ 0 1994	jul	A PURIOUS AND A PROPERTY AND A PROPE	- GER	257											

1 - FOR STATE REGISTRAR

_ *	
م	
ഗ	
=	
ų.	
O	
RECORDS,	
$\simeq$	
ш	
Œ	
ч	
VITAL	١
≂	
0	
ń	
v	
7	4
≂	
u	
2	1
2	r
×	
=	
ים	
-	٦

		1. OECEDENT'S NAME (First, A	Middle, Last)									2. DATE OF	DEATH			3. TIME OF OEATH
		Dennis					AGIM				November 13, 1994				4:31 p	
		4. SOCIAL SECURITY NUMBE 216-41-9		5. SEX 1 M 2 F		n yrs. iasi 78	YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE OF E	HTRI			LACE (State or Foreign
2, 3 should	H.	90. FACILITY NAME (If not inst Franklin			ital			9b. CIT	Y, TOWN	OR LOCATI	ION OF DE	ATH			TY OF DEA	ATH
<del>-</del>	ЕСТОВ	RESIDENCE OF DECE	EDENT 10b. COUNTY											IBAIT		County
permit. Pages	DIR	Imo		eria					or Loca ator							I U YES 2 NO
ust.	FUNERAL	2 Amysway	Cour	t					10	212				10g. CiTi	Nige	eria
21215-0020 or attending physician. r use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 5 M 3 Wildowed 4 Divorc		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 🗌 N		13.	If yea, sp	CENDENT Concepts of the Content of t	nn, Mexica	IC ORIGIN? (S n, Puerto Ricar	pecify Yea n, etc.)	or No—	Black,	- American Indian, white, atc. Black
r attend	윤		DENT'S EOUC			(Li/	CEDENT'S	rork done	during me	ON ost of working	na	16b. KIN	D OF BUS	SINESS/IND	USTRY	
ed fo	COMPLET	Elementary/Secondary (0-1	12)	College (1-4 or 5 d		life.	hool	e retired.)				Ec	luca	tion		
MARYLAN retained by the hos 5 should be detach notified at once.	BE CO	17. FATHER'S NAME (First, Mich Agbapuryo	onwa	Agim							HER'S NAI	ME (First, Middl	a, Maiden	Surname)		
ay be retained bage 5 should be notified	10	190. INFORMANT'S NAME (Typ Aloysius				19b	2 A	ADDRES My S	s (Street I	CO1	r or Rural F U <b>rt</b>	Balto	ity or Town	n, State, Zip D • 2	1234	ŀ
		20a. METHOD OF OISPOSITIO 1	3 Remo	val from State			ND DATE O				12/9	DATE 4	20c. LO	baza	City or Town	igeria
BALIIMOR  ter death. Page 6 m  the funeral director,  val.  il examiner must		21. SIGNATURE OF FUNERAL		ensee	CF	SP	#281			ND ADDRE			172	1-27	N.M	Nonroe St
nours after of in by the or removal.		23. PART I. Enter the disc		000-												Approximate
		immediate cause (Fina disease or condition	art failure. L i	Possible	iaa Dn aa	ich lina.								,	,	Interval Between Onset and Death 2 weeks
ted within completely fall, cremati, event, t		resulting in death)					UENCE OF	):								2 weeks
and o bur	TION	Sequantially list condition if any, leading to immedia	na, ate	Decubitu DUE TO			S UENCE OF	):								
ne phy	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
Los, P.O. he death certification the attending Mental Hygie	CER	d														
that the deared by the att	MEDICAL	Diabetes Mellitus							VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE							
nquires that in signed if Health a	MED											_   ''	YES 2	X NO		F DEATH?
AL H he law re has bee bept. o	AN:	DID TOBACCO US 25. WAS CASE REFERRED TO		IBUTE TO CA					-	UNC	ERTAIN					
SICIAN: The law require certificate has been so the State Dept. of H	SICI	EXAMINER?		HOSPITAL:			DOA	OTHE	R:	s 5 □ 8e	neidence	B C Other (Sp	acifu)			
PHYSICIAN: The law The certificate has b The State Dept.	Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pe	ending	28a. DATE OF (Month, Di	INJURY		28b. TIME	OF	28c. INJ WO				28d. DESCRIBE HOW INJURY OCCURED			
DI MANUEL	ED BY	3 Suicide 8 Co	veatigation ould not be itermined	28e. PLACE O	F INJURY -	— At hor	ne, ferm, st	treet, fac				28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Rou	ite Number,
	COMPLETED			IAN: To the best of												and manner as stated.
E FUN With		29b. SIGNATURE AND TITLE O		-/							ENSE NUM					Aonth, Day, Year)
TO THE HOSP TO THE FUNE be filed within	TO BE	30. NAME AND ADDRESS OF P	PERSON WHO	COMPLETED CAUS	SE OF DEA	TH (ITEM	27) (Type	Print)		0178	32					r13,1994
1		Michelle For							ıare	Dr.	Ba1	to, Mo	1. 2	L237		
り		31. DATE FILED (Month, Day, Yell NUV 2 & 199		32 REGISTRA	R'S SIGNA	TURE										
		NO V & 0 133	T Ju	or so and the		400										DHMH-18 Rev 1/1
																ASSISTANCE TO LIGHT 15

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



-	
760	
9	
-	
$\infty$	
9	
BOX	
0	
m	
ш	
0	
P.0	
ш.	
P	
ഗ	
O.	
TAL RECORDS	
Щ.	
0	
ō	
$\simeq$	
ш	
Œ	
_	
-	
⋖	
$\vdash$	
_	
>	
=	
O	
_	
~	
$\circ$	
=	
S	
=	
-	

TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, the third physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	Adele Mary Bowman			2. DATE OF DI MONTH NOVEN	nber 20,	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 579–12–0805	1 🗆 M 2 💢 F   74	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 12/09)	/1919	Country)	ace (State or Foreign
TOR	90. FACILITY NAME (If not institution, give standard programme)  Johns Hopkins Ba	*			imore Ci		9c. COL	JNTY OF DEA	тн
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY,	TOWN OR LOCAT	Dundal	k	· · · · · · · · · · · · · · · · · · ·		Dd. INSIDE CITY LIMITS?  VES 2 1 NO
FUNERAL	100. STREET AND NUMBER 8204 Cornwall Ro	ad		101	ZIP CODE	.222			NT COUNTRY? States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2	n, Puerto Ricen,		14. RACE — Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	life. Do NOT use	rk done during mo retired.)	DN st of working	16b. KIND	OF BUSINESS/IN		wirte
OME	8 Years  17. FATHER'S NAME (First, Middle, Last)		House	wrre	18. MOTHER'S NA	ME (First Middle	Own Ho	me	
BE C	Murray E. Thorne	<u>.</u>					F. Lowe	3	
TO B	190. INFORMANT'S NAME (Type/Print)  Dorothy A. Eltrin		196. MAILING A 8204	cornwal	nd Number or Rural F	Poute Number, Cit Dundal	k, Mary	p Code) Land	21222
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remote A Donetion 5 Other (Specify)		PLACE AND DATE OF				20c. LOCATION - Baltimo		
	21. SIGNATURE OF PUMERAL SERVICE LIC	Fill		Duda	ADDRESS OF FACE	neral :			lk, Inc.
23. PART i. Enter this diseases, or complications that caused the dasth. Do not siter this mode of dying, such as cardiac or respiratory arrest, shock, or hasn't failure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Due TO (OR AS A CONSEQUENCE OF):					rest,	Approximate Interval Between Onset and Death			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
AL.	PART II. Other significent condition	s contributing to death bu	it not resulting in	the underlying	g csuse givsn in		WAS AN AUTOPSY PERFORMED? YES 2 2 100	- AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTE		DEATH YES		UNCERTAIN	V 🗆			
YSIC	EXAMINER?  1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpa		THER:	5 🗆 Reeldence	8 Other (Spec	city)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (		RK?	28d. DESCRIBE	HOW INJURY OC	CURED	
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					te Number,			
COMPL	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner as stated.						nd menner es stated.		
0 8	298. HIGHATURE AND TITLE OF CERTIFIER  30. HAME AND ADDRESS OF PERSON WHO	Den no	)		29c. LICENSE NUM	64P	29d. DAT	TE SIGNID (M	onth, Day, Year)
	231. DATE FILED (Month, Day, Year)	02580	10/20		. pr. 16	>  f	me	ma	21224
	NOV 2 8 1994 A	32 REGISTRAR'S SONA	GI,						

 permit. Pages 1, 2, 3 should

Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit

funeral director, page 5 should be

the or removal,

filled in by

completely 1

and

cremation,

bunal,

prior to

the atter

and and

has be Dept. State once.

notified at

e

must

the medical examiner

Injury, or other traumatic event,

item 23 shows any

marked, or BY

m 28 is LETED

death After

뿚

2 2 3 ₹

2

⋖	Ť
B	after
_	- Contract
	F
	Zς
Š	with
7	Pod
ĝ	0.00
K	0
0	4
MINISTON OF VITAL RECORDS, P.O. BOX 68/60,	MTENDING BUNCHOISE The law comings that the doubt partificate be accounted within 2 hours after the
7	doop
ä	940
ב	46.00
5	200
7	000
_	1000
<b>T</b>	E C
>	IAAI.
L	9
5	DLIVE
	0
2	Sign
2	ATTER
=	9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Marceline Gay Boyer YEAR November 1994 A SOCIAL SECTION NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 01/01/1928 1 M 2 7 YRS 235-38-1576 West Virginia 66 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3927 North Point Road Dundalk Baltimore · RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3927 North Point Road 21222 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Merried 2 Merried Il yes, specify Cuben, Mexican, Puarto Rican, etc.) 1 TYES 2 NO Specify B 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 10 Years Housewife Own Hame 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Norris Maddie M. Methney BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Elmer G. Boyer, Jr. 3927 North Point Road Dundalk, MD 21222 20e, METHOD OF DISPOSITION
1 ZXBuriel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Sacred Ht. 4 Donation 5 Other (Specify) of Jesus 11/26/94 Dundalk, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. Dundalk, MD 21222 7922 Wise Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Fine) Onast and Death disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditione, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN:

DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEATH	YES □ NO □ UNCERTAI	DF GEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF	OEATH (Check only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Oulpatient 3   December 2   ER/Oulpatient 3   December 3   Decemb	OTHER: OA 4 Nursing Home 5 Presidence	8 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	N. TIME OF 18c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — At home, in building, etc. (Specify)	erm, street, lactory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
90. CERTIFIER 1 D CERTIFYING PHYSI	CIAN: To the best of my knowledge, death or	coursed at the lime data and place, and due	to the enverted and process as stated		

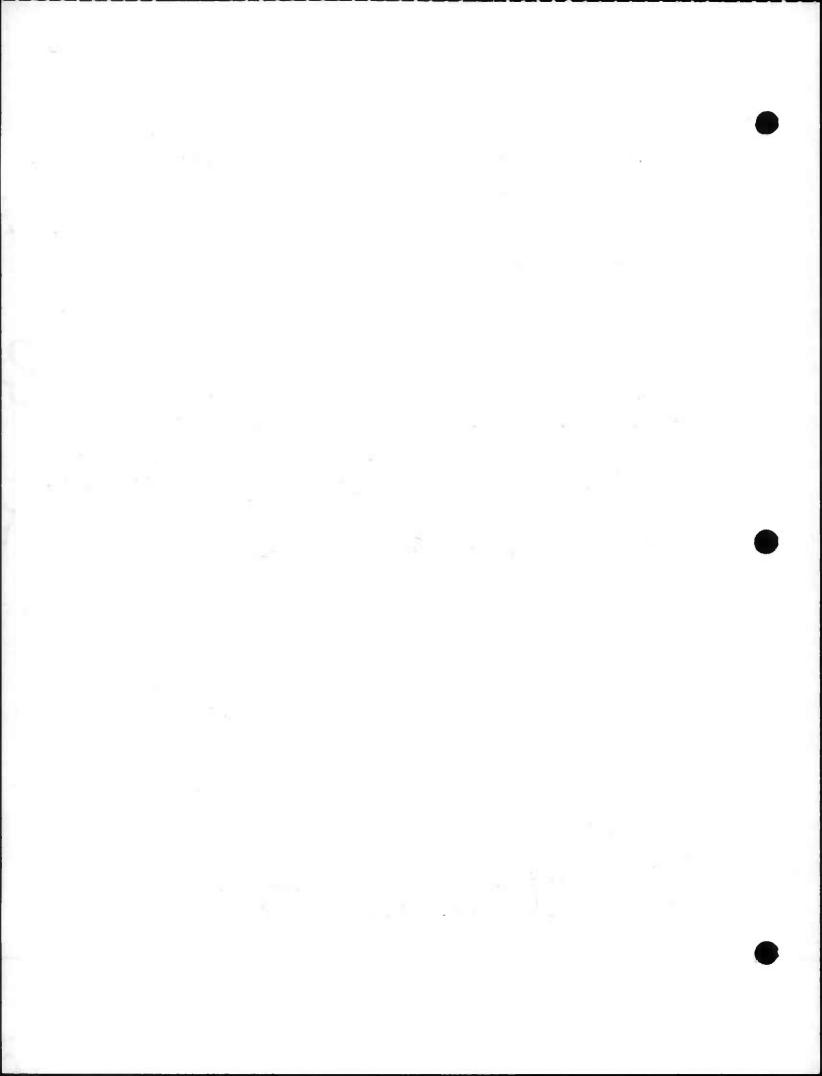
2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

29C INCENSE NUMBER 29d. OATE SIGNEO (Month) Day, Year) 

Q,	NAME AND ACCRESS	OF PERSON WHO COMPL	ETEO CAUSE OF OEATH (ITEM 27) (Type, Print)	0 1	0	
	h IS al	arff 9	5. Highland AUZ	(Soul +	my)	21224

31. OATE FILED (Month, Day, Year)
NOV 2 8 1994 32. REGISTRAR'S SIGNATURE

Devoler Radall



	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should charh with the State Dent, of Heath and Mental Hydiene prior to burial, premaring or removal	
	, 2, 3	
	ages 1	
	rmit. F	
	nsit pe	
Sician	ial-tra	
ying ph	he bur	
ttendir	e as t	
al or a	for us	
hospit	ached	
y the	be det	
ined t	pluod	
be reta	le 5 sl	
тау	or, pag	
Page 6	direct	
eath.	funera	•
after d	by the	
hours	or re	
hin 24	tely fill	
ed with	ompie	
execut	and c	
ite be	ysician prior 1	
ertifica	ing phy	
leath c	attendi	
the o	by the	
es tha	igned 1	
requir	been s	
VSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	e has	
JAN: 1	rtificat	:
PHYSIC	this ce	
DING	After	
ATTEN	ECTOR:	
IL DR	L DIRE	
SPITA	JNERA	
Ĭ	₫ \$	1

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
		James	L.		RR		November 2	6,1994	3:30 рм
P		4. SOCIAL SECURITY NUMBER 228 28 5967	1 2Km 2 - F 6	7 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1927 8. BIR	THPLACE (State or Foreign Virginia
3 should	Œ	96. FACILITY NAME (If not institution, give s Franklin Sq. Ho				OR LOCATION OF D SSVille	EATH	9c. COUNTY OF	
1, 2,	СТОВ	RESIDENCE OF DECEDENT						Baltimo	re County
oit. Pages	DIRE	Maryland Ba	Ltimore		Middle				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
n. ansit perm	FUNERAL	100. STREET AND NUMBER 2238 Redthorn	ne Rd.		10	1. ZIP CDDE 21220		10g. CITIZEN OF	WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit permit.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 12 YES IF YES, GIVE WAR OR DA	2 ND	if yes, sp	CENDENT OF HISPA pecify Cuban, Maxic ND Specific	NIC DRIGIN? (Specify Yes an, Puarto Rican, atc.) fy:	Ble	CE — American Indian, lek, White, etc. actly: White
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial an once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Mana!	rk done during mo retired.)	DN ost of working		SINESS/INDUSTRY Furnitur	re
AND 2- the hospital of detached for	OME	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		
YL YL Iby th	444	James L	Barr.			Ethel			
	5	19a. INFORMANT'S NAME (Type/Print)  Carolyn Barr		19b. MAILING A	Redth		Route Number, City or Tow		220
BALTIMORE, after death, Page 6 may be by the funeral director, page moval.		20s. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE DISPOSITION (Name of Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State							
ALTIN death. Page s funeral dir i.		21. SIGNATURE OF FUNERAL SERVICE LIC		/	22. NAME A	ND ADDRESS OF FA	CILITY		
BAL ter death the fun wal.		flow C	many	the.			uneral Hom Ave. Balt		ID 21221
in by in the remo		23 PART i. Enter the diseesea, or o shock, or heart fallure.	omplications that caused List only one cause on ea	the deeth. Do no	t enter the mo	ode of dying, suc	ch as cardiec or resp	Iratory arrest,	Approximate interval Between
and and and and and and and and and and		IMMEDIATE CAUSE (Final							Onset and Death
		resulting in deeth)	Sepsis DUE TO (OR AS A	CONSEDUENCE OF):					48 hours
2 5 5 E	z	necessary as recovery	Pneumonia						7-10days
A 5 - 5	ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEDUENCE OF):					6-0-41-0
O. BO ertificate be ing physicia gliene prior gother trans	FIC	CAUSE (Disease or injury thet initieted events	Lung Carcine	OMA CONSEQUENCE OF):		<u>.                                    </u>			4-6months
G the back p	1 8 1	resulting In death) LAST	d,						
- A P e		PART ii. Other eignificant condition	s contributing to death bu	it not resulting in	the underivin	a cause alven in	Part I. 24a. WAS AN	AUTOPSV 24	Ib. WERE AUTOPSY FINDINGS
T D N D	ICAL	Hypertension		•	111	g g	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed b of Health an	MEDICA	Multiple Transie	nt Ischemic	Attacks				X III	DF DEATH?
3 5 8 8 E	ä	DID TOBACCO USE CONTI			XZ.		N 🗆		
그 는 의 의 등	ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ ND	HOSPITAL:		OTHER:				
나 일 등록	≚	27. MANNER OF DEATH	1 ∏Inpetient 2 ☐ ER/Outpe 28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	JURY AT	8 Other (Specify)  28d. DE\$CRIBE HOW I	NJURY OCCURED	
ON OF DING PHYS After this death with s marked.	ВУ Р	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 🗆	YES 2 ND			
TISIC TTENDI CTOR: A after de	TED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Special	— At home, farm, atr	eet, fectory, offic	in .	281. LOCATION (Street City or Town, State)	and Number or Rural	l Route Number,
DIV TAL DR A AL DIREC 72 hours	PLE		CIAN: To the best of my knowle						
HOSPITAL FUNERAL Within 72	COMPL		R: On the basis of exemination	and/or investigation,	In my opinion, d	leath occured at the	time, data and place, an	d due to the cause	e(s) and menner as atated.
, # # # <b>2</b>	BE	296. SIGNATURE AND TITLE OF CENTIFIES	W. Onlo	mi		29c, LICENSE NUI		29d. DATE SIGNE	D (Mgnth, Day, Year)
1X PPE	유	30. NAME AND ADDRESS PERSON WH						11/24	777
V		Randolph DeCarlo			quare D	r. Balto	, Md. 2123	7	
•		NOV2 8 1994	32. REGISTRAR'S SIGNA	TURE		(			
	لبيا	110010 - 1001							

1-2-1 . In all post of the ę • • • 11 . The State of the State of •

Pages 1, 2, 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760

permit. use as the burial-transit the hospital or attending physician. funeral director, page 5 should be detached for M retained by 4 hours after death. Page 6 may be re illed in by the funeral director, page 5 to removal. pe must examiner medical filled in and completely filled in burial, cremation, or r event. traumatic prior to t attending physician antal Hygiene prior to other and by any Signed the shows been t. of e has b. Dept. WE 23 The the State HOSPITAL DR ATTENDING PHYSICIAN: this c marked, After 69 DIRECTOR: / 28 item 

BE

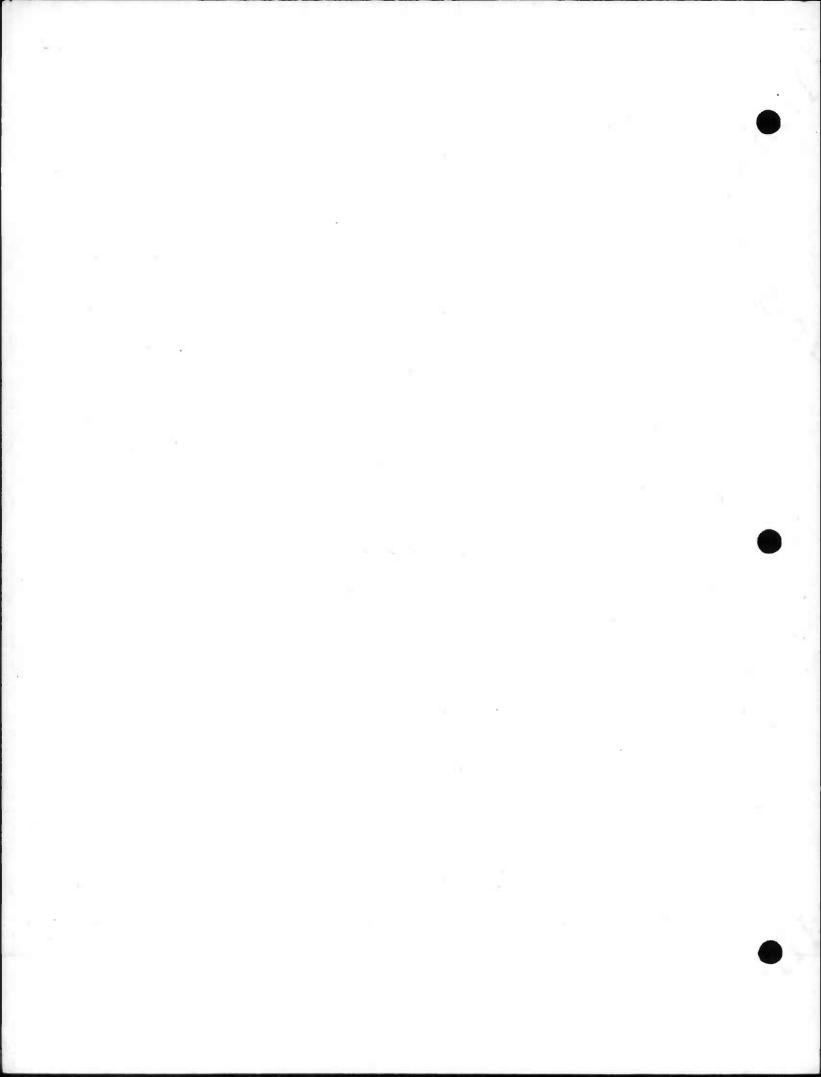
2

NOV2 8 1994

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR EMMA BRIDGES 4.55 94 7. DATE OF BIRTH
(Morth, Day, Year)
MAY 26,1912 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 82 VIRGINIA 1 M 2XX F 216-32-7390 9a. FACILITY NAME (If not institution, give street and number ST. AGNES HOSPITAL Sc. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND n/a 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE UNITED STATES 21223 SOUTH FRANKLINTOWN COURT 205 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puerlo Rican, etc.) Specify: BLACK 1 TES 2 XXVO Specify: ВҰ XX Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) HOUSEWIFE in own home TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FOWLKES THOMAS ALICE GETER BE 19a. INFORMANT'S NAME (Type/Print) of and Number or Rural Roune Number, City or Town, State, Zip Code)
FRANKLINTOWN, MD , baltimore 21223 2 BRIDGES 205 SOUTH NINA Μ. 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 Donation 5 Other (Specify) STAR CEMETERY 11-26 CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AVENUE WM. C. MARCH FH.-1101 E. NORTH 23. PART I/Enter the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition reaulting in death) BRONCHOPNEUMONIA Month OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE ASCVD WITH RECENT MYOCARDIAL INFARCT 1 X YES 2 | NO OF DEATH? Y YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 YES 2 XNO 1 X Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED YRULM 1X Netural м 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Grellemy Wicken In V D04964 11/21/94 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jaz Registro's advice Hospital, 900 Caton William 31. DATE FILED (Month, Day, Year)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.



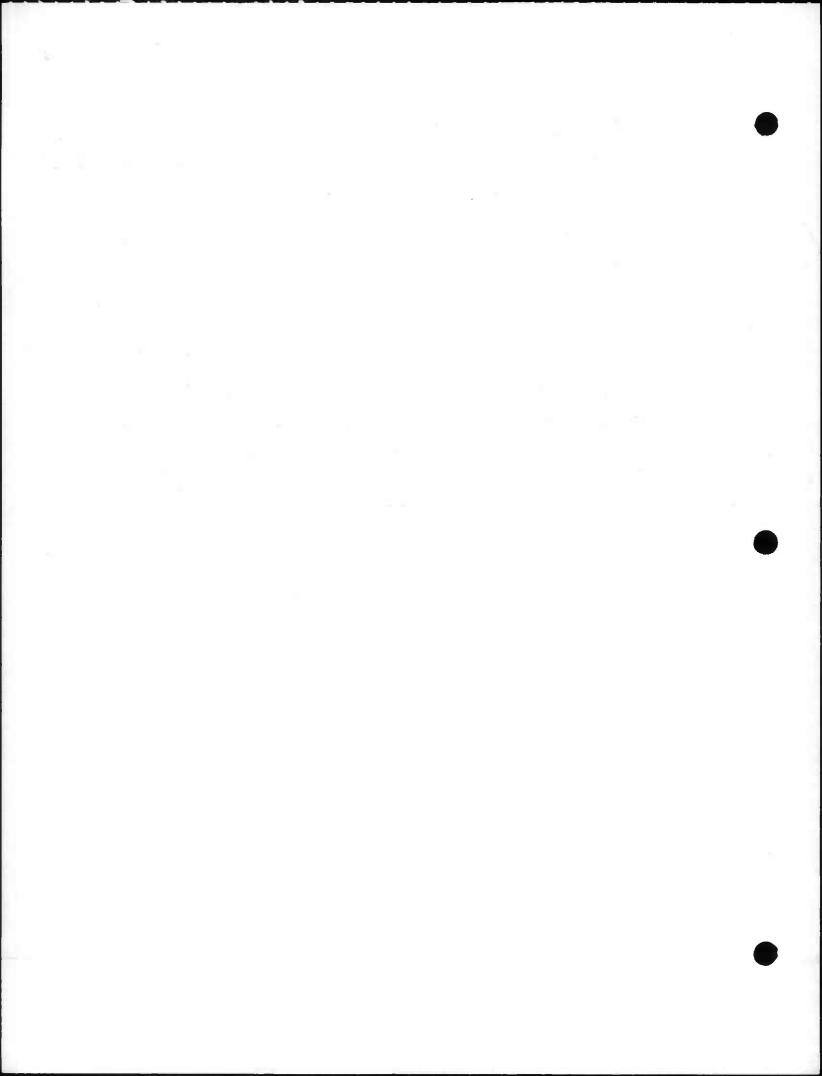
BAI	
8	
_	
	Ì
0	
76	
00	
9	
$\simeq$	
$\approx$	
۳.	
0	
٦.	
â	
õ	
œ	
Ō	
C	
<u></u>	
٠.	
7	•
_	i
5	
_	-
5	1
~	i
SION OF VITAL RECORDS, P.O. BOX 68760,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
=	1
n	- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OE.					
	IREUE S, BOOM	E (In yrs. lost birthday)   IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, DATE OF BIR	TH 8. BIRTHPLACE (State or Poreign			
	90. FACILITY NAME (If not institution, give street end number)	3 YRS. MONTHS DAYS	HOURS MIN. (Month, Day,				
DIRECTOR	GOOD SAMAN han Itsep	0 11	MOR Md	BALLINGSE CITY			
IREC	100. STATE 10b. COUNTY  BAILMORE	Beister to	2000	10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER		H. ZIP CODE	1  YES 2 NO			
FUNERAL	6201 Deer Park Rd		21136 USA				
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS OCCEDENT EVER FORCES? 1 YE	S 2 NO If yee, a	CENDENT OF HISPANIC ORIGIN? (Specify Cuben, Mexicon, Puerto Ricen, et al., NO Specify:	cify Yee or No—  14. RACE — American Indien, Black, White, etc.  Specify: White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m	ON 16b. KIND ost of working	OF BUSINESS/INDUSTRY			
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	OWNER		eaning Service			
NO.	17. FATHER'S NAME (First, Middle, Last)	0.000	18. MOTHER'S NAME (First, Middle, I				
BE (	Silas V. Springston		Audrey L. Day				
5	190. Informant's name (Турь(РАП)) Marvin Eugene Boore	6201 Deer Pa	and Number or Rural Route Number, City rk Rd. Reister	or Town, State, Zip Code) Stown, Md. 21136			
		bb. PLACE AND DATE OF DISPOSITION (N metery, crematory or other place) LEADOWILAGE MEM.		Elkridge, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			4 Reisterstown Road			
	C. Brian Poull	Eline		Reisterstown, Md. 21136			
NC	Sequentially list and distance ( b. 1010PA	A CONSEQUENCE OF):  THE POLYMEN	J	Interval Batwean Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.						
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death	but not resulting in the underlying	P	246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
Z.	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES NO	UNCERTAIN	1 (123 2 ) 110			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Check only one OTHER;					
HYS	1 ☐ YES 2 MO 1 Minpettent 2 ☐ ER/Ou  27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF 28c. IN	ne 5 Reeldence 8 Other (Speci JURY AT 28d, DESCRIBE	HOW INJURY OCCURED			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		PES 2 NO				
				(Street end Number or Rural Route Number, , State)			
3 Suicide 8 Could not be determined 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street end Number or Rural Route A City or Town, State) 28f. LOCATION (Street							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  MY KILLLY LILLS	1/	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)  1/-23-94			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Q	(ITEM 27) (Type, Print)					
	31. DATE FILED (Month, Day, Year) NOV 2 8 1994 Juli Daudlar Raddl						



	4
0	-
$\sim$	J
$\approx$	1
7	
ഗ	-
7	1
~	
Ċ	-
0	4
느	-
Z	i
⋖	1
>	4
Œ,	7
⋖	
5	1
BALTIMORE, MARYLAND 21215-0020	4
шï	-
~	-
$\overline{}$	
$\leq$	7
2	6
	c
5	ź
=	2
~	-
	4
	-
	'n
	man office density Dance & sections has sake heartful as sections
•	
ď	+
<u></u>	3
-	3
00	917
9	3
×	-
o .	á
30X 68760	ate he assessed seith

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR 9. 30 PM						
	1 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion						
Đ		215-32-5005 1 - M 2 XF 75 YRS. MONTHS DAYS HOURS MIN. MAY 9, 1919 NARRY and						
3 should	OC.	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH						
1, 2,	0	TEVIN dale Nursing Home BAttimure						
Pages	DIRECTOR	10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?						
Jermit.		NATURA 0  1 VES 2 □ NO  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?						
physician. burial-transit permit. Pages	FUNERAL	2716 Woodland avenue 21215 USA						
g physician		11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 1 PYES 2 NO 1 YES 3 NO 1 YES						
attending se as the	D BY	3 Wildowed 4 Divorced 13 Jack						
. 6 .	ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/§acondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)						
2 g C	COMPLETED	6 0 Domestic Home						
y the	E COM	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Melden Surname) 18. MOTHER'S NAME (First, Middle, Melden Surname)						
retained t	TO BE	190_INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street_and Number, or Rural, Route Number, City or Yown, State, Zip Code)						
be n		Joyce Coffes 2716 Woodland AUT, BAHG, Md 21215						
		20c MeTHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Removal from State  20b PLAGEAND MATE OF DISPOSITION (Name of Cremation 3 Removal from State of Plage of Cheering Cremation 3 Removal from State of Plage of Cheering Cremation (Name of Cheering Cremation)						
≥ 8 ±		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  4.00 ADDRESS OF FACILITY						
after death.  by the funera  moval.		Joseph L. Kuse 222 W North Que, Botto, Md 21216						
ours after d in by th or remova		23. PALLY i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate Interval Between						
within pletely filled cremation, o		IMMEDIATE CAUSE (Fine)  disease or condition						
d within ompletely fille		DUE TO (OR AS A CONSEQUENCE OF):						
and and bur	NO NO	Sequentielly list conditions,  Due to (or as a consequence of:						
ficate be physician ne prior to		If any, leading to immediate cause. Enter UNDERLYING HYPERTEN SION						
	RTIF	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST						
death afte ental	빙	d.						
E A CE	DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE						
8 5 E	MED	t □ YES 2 NO CONTRETION OF GUIDE  1 □ YES 2 □ NO						
law lept	N.							
PHYSICIAN: The law requir this certificate has been si with the State Dept. of He	SICI/	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1						
PHYSICIA this certif with the	ે   ≿	27. MANNER OF DEATH  266. DATE OF INJURY (Month Day Mad)  27. MANNER OF DEATH  286. INJURY AT (Month Day Mad) (Month Day Mad)						
DING PHYS After this death with	8	1 Natural 5 Pending 2 Accident Investigation M 1 YE6 2 NO						
TTEN STORE		3 Suicide 6 Could not be 4 Homicide determined 286. PLACE OF INJURY — At home, ferm, atreet, factory, office 286. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	PLET	29s. CERTIFIER (Check only (Check only) (Check only) (Check only)						
TO THE HOSPITAL	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated.						
THE HOSPI THE BINER	(V	29b. SIGNATURE AND TITLE OF CERTIFIER STUTE AT TENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
5 5	9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) SET HTWAR						
1		LEVINDALE 2434. WOBELVERDERE AVENUE, BALTIMORE, MD 21215						
		31. DATE FILED CHOMES DA 9994 July 320 ROW LONG BOARD OF THE STATE OF						

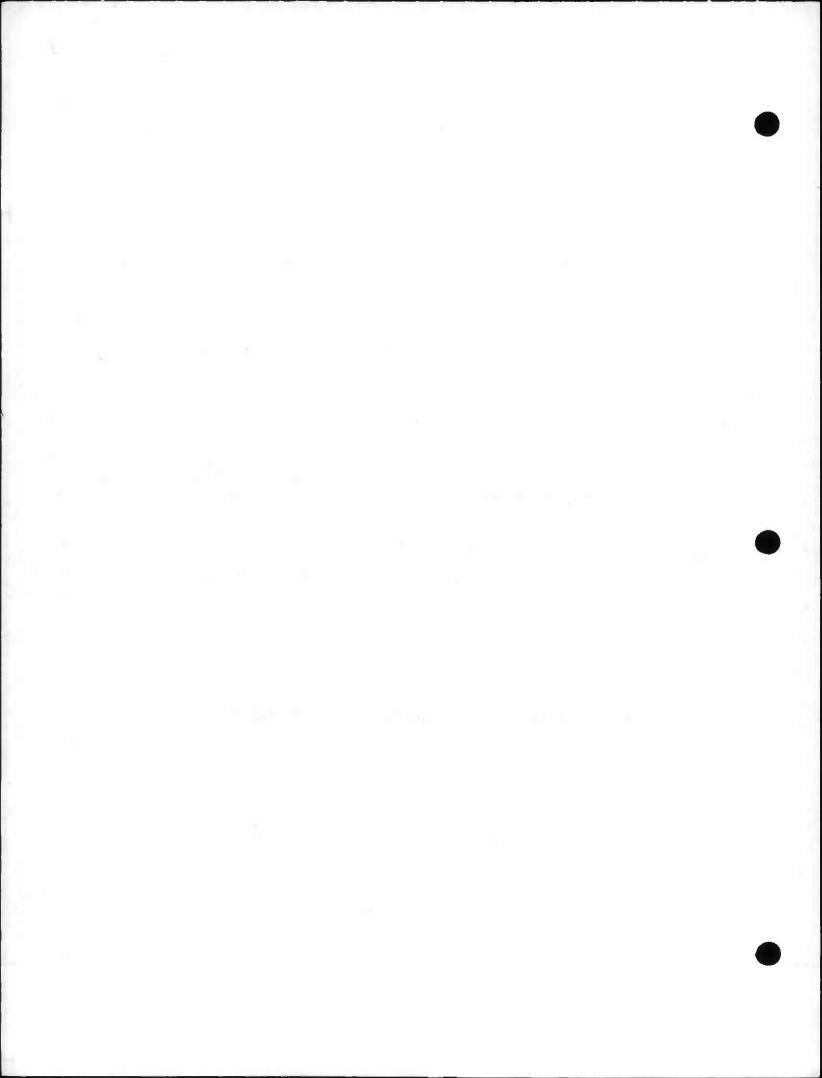
n F

0.0	
9/	
68	
P.O. BOX 68760	
ĕ	
o.	
م	
RECORDS,	
三	
$\ddot{\circ}$	
器	
VITAL	
F	
>	
_	
ONOISIONO	
0	
<u>S</u>	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
The modern and used with the court copy, or freed any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	Donis K. Brown			2. DATE OF OEATH		DAY YEAR 3. TIME OF OEATH		
	7 - 17	5. SEX 6. AGE	(In yrs. last birthday) #F	rrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS		THE STATE OF THE S		BIRTHPLACE (State or Foreign Country)  / exas	
TOR	38. FACILITY NAME (If not institution, give s 3826 Leadenhad RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Baltimore			9c. COUNTY OF DEATH			
DIREC	100. STATE 10b. COUNT Maryland ====	WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 № YES 2 □ NO			
FUNERAL DIRECTOR	3826 Leadenhald		10f. ZIP CODE 2/225				S.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR C	B 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)			pa or No 14.	or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USL (Give kind of work life. Do NOT use re Cafeter	done during mo tired.)	ON st of working	16b. KIND OF BL	untany.	TRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Philip Bedone		- rca	18. MOTHER'S NA	AME (First, Middle, Maide	0	SCHOOL	
10 B	19a. INFORMANT'S NAME (Typo/Print) Kathleen Brown				nd Number or Rural LL Stree	Route Number, City or To		myland 21225	
20a. METHOD OF DISPOSITION  1 & Burlai 2 Cremation 3 Removal from State  4 Donellon 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Completel) Cremation of Completel Compl							e, Manyland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	(Zramis	oushi	4001	Ritchie	ce Funera Hwy. Bali	timore,	Md. 21225	
EMILICATION	23. PART i. Enter the diseases, shock, or heart fellows.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. My O (  Due to (OR AS of the control of the cont	ach line		11/4	m (m)	( ,	intarvai Between Onset and Death	
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	- COMP - 102 OT	28. PI	ACE OF DEATH (CA				
BY PHYS	27. MANNES OF DEATH  Natural 5 Pending  2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO			8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED		
EIED	3 Switche 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Soe	URY — Al home, farm, atrest, factory, office Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one) 2 MEDICAL EXAMINE							ause(a) end manner as stated.	
2	29b. SIGNATURE AND TITLE OF CERTIFIE  7, 7  30. NAME AND ADDRESS OF PERSON WH	MD	(789 7/	00)	D 3	MBER 7 / / /	29d. DATE S	IGNEO (Month, Day, Year) 1/2-5/94	
	6 6 6 M Am 1 31. DATE FILED (MONTH, Day, Year) 8 199	man Ds	LN,	BAU	n'mor	ve, m	D 211	125	
	NOV 2 8 195	14 Julia diluci	sor hardall						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

					- /		7 -3	04100
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	Ruth Elizal	beth Bea	1		2. DATE OF DEATH MONTH D	A 94	
9	213-16-3168	1 M 2 F	in yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		MRTHPLACE (State or Foreign country) aryland
TOR	9a. FACILITY NAME (If not institution, give stree  Sinai Hospita  RESIDENCE OF DECEDENT				imore	EATH	9c. COUNTY	OF DEATH /A
DIRECTOR	10a. STATE 10b. COUNTY	A Baltimo		y, town or local Baltim	TON TOW	son	J	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 409 E. Pennsy	lvania Av	enue	10	21286			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XXNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	1 70	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of ville. Do NOT us Domest	USUAL OCCUPATION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PORTION OF PO	ON st of working	16b. KIND OF BU	SINESS/INDUSTI	Y
BE CON	17. FATHER'S NAME (First, Middle, Last) William William	ıs			18. MOTHER'S NA Cather	ME (First, Middle, Maiden ine Will	Sumame) iams	
2	19a. INFORMANT'S NAME (Type/Print) Adelaide Bentle	y				Route Number, City or Tow a Ave To		21286 Maryland
	20s. METHOD OF DISPOSITION 1X Buriet 2 Crematton 3 Remove 4 Donetton 5 Other (Specify)	at trom State cem	PLACE AND DATE OF PLACE AND DA	Rest C	emetery	Tow	CATION — City	Marvland
	21. SIGNATURE OF INERAL SERVICE UC	MEE		22. NAME AI	NO AOORESS OF FA	CILITY 5240 R	eiste	rstown Road ore, Md2121
	23. PART i. Enfer the siseses, or coi ahock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	UROSEF	ach iine.	ot enter the mo	de of dying, suc	h as cardiac or respi	iretory arrest,	Approximate interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF					
DICAL	PART II. Other significant conditions DEMENTIA	contributing to death be	ut not resulting i	n the underlying	g cauae given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: ME	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL		F DEATH YE		] UNCERTAII	1M		1 YES 2 NO
TYSIC	EXAMMER?  1 VES 2 NO  27. MAUNER OF DEATH	SPITAL: Inpetiant 2 ER/Outp	etlent 3 DOA			6 Other (Specify) 26d. OEŞCRIBE HOW II	N HIEW COCKER	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	RK? /ES 2 NO	SW II WELL		
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Speci	— At nome, tarm, s	traet, factory, office		26t. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge of the best of examination						se(a) end manner ea stated.
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MAC	CEL DEVE		m.D.	29c. LICENSE NUM M 36	1485	29d. DATE SIG	NEO (Month, Day, Year) 25 194
	MARCEL DE			6 %	Tigent	6.		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

BE COMPLETED BY FUNERAL DIRECTOR

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

Sequantistly list conditions,

If sny, issding to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury

that initiated eventa resulting in dauth) LAST

2 Accident

4 Homicide

										9	Ļ :	34790	
1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR	RTMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First	Middle, Lest)								2. DATE OF DEATH		WEAR	3. TIME OF OEATH	р
GLEN	D.	BROAD	WATE	3					"II 25"	94	YEAR	9:35	M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (/n )	rrs. last birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreig	gn
212-12-850	)4	1 (XM 2 □ F	7	7 YRS.	MONTHS	DAYS	HOURS	MIN.	12 05	16	MA	RYLAND	
9e. FACILITY NAME (If not in	stitution, give s	treet and number)					R LOCATIO				INTY OF I		
8 SCOTT AV	/ENUE				0	ELEI	1 BU	RNI	E	AN	INE	ARUNDEL	
RESIDENCE OF DEC													
10e. STATE	10b. COUNTY			10c. CIT	ry, town of			TIT				10d. INSIDE CITY	
MARYLAND	ANN.	E ARUND	EL			التاباد	1 BU	KNI	E			1 YES 2 NO	)
10a. STREET AND NUMBER						101. ZIP CODE				10g. CI1		WHAT COUNTRY?	
8 SCOTT AV	VENUE						210	60			U.S	.A.	
11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U		13. W	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RAC	E — American Indien, k, White, etc.	
1 Never Married 2X	Merried	WW 1	MAR OR DATE	s	ï	YES	2X NO	Specify			Spec	/	
	EDENT'S EOU		16	Be. DECEDENT'S	USUAL OC	CUPATIO	N et of workin	w.	16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5			work done during most of working use retired. SELF YED MECHANIC			7.150 0507.70					
12		0		EMPLOY				C	AUTO REPAIR				
17. FATHER'S NAME (First, M									ME (First, Middle, Malden	Sumame)			
ARTHUR	BROAD	WATER					COR	ŁA .	DURST				
190. INFORMANT'S NAME (1 ANNE N. BI	ype/Print) ROADW.	ATER		196. MAILING 8 SCC	ADDRESS OTT A	(Street e	NUE-	or Rural I	Aoute Number, City or Tow N BURNIE	n, State, Z.	210	60	
20s. METHOD OF DISPOSIT  X X Buriel 2 Cremetic  4 Donetion 5 Other	ION on 3 G Rem (\$pecify)	oval from State	20b. Pi cemete V E	TERAN	of DISPOSE other placel	機將	ŽĽĄľ	ND	J			own, State	
21. SIGNATURE OF PURPOR	SERVICE LIC	ENSEE /	1		22. N	NAME AN	D ADDRES	SS OF FA	CILITY			·	$\neg$
· 21	any	J. K	ouf	men	42	26 (	CRAI	N H	FINK FUN WY.S.W.G	LEN	BUF	ME 2106. NIE,MD.	1
23. PART I. Enter the d	iseases, or	complications the	t caused t	na daath. Do	not entar	tha mo	de of dyl	ng, suc	h ss cardiac or reapi	ratory a	reat,	Approximata	
IMMEDIATE CAUSE (Fir		wie. Offiny Office Car	ase on eac	· ····································								Onset and D	
disasse or condition	<b>→</b>	GUNS	TOH	OUND	CHES	η							
resoluting in uantil)		a		ONSEQUENCE O									$\overline{}$

1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES N/A NO | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home XXReeldence

27. MANNER OF OEATH 28e. DATE OF INJURY 7:30 M 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

(Month, Day, Year) ./25/94 1 YES 2 X NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) HOME

SUBJECT SHOT SELF 281. LOCATION (Street and Number of Flural Fit City or Town, State) SCOTT GLEN BURNIE, MD.

24a. WAS AN AUTOPSY PERFORMED?

1 TES ZX NO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, (Check only one)

| CEMITETING | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK | CHECK

296. SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

▶ 11/25/94.

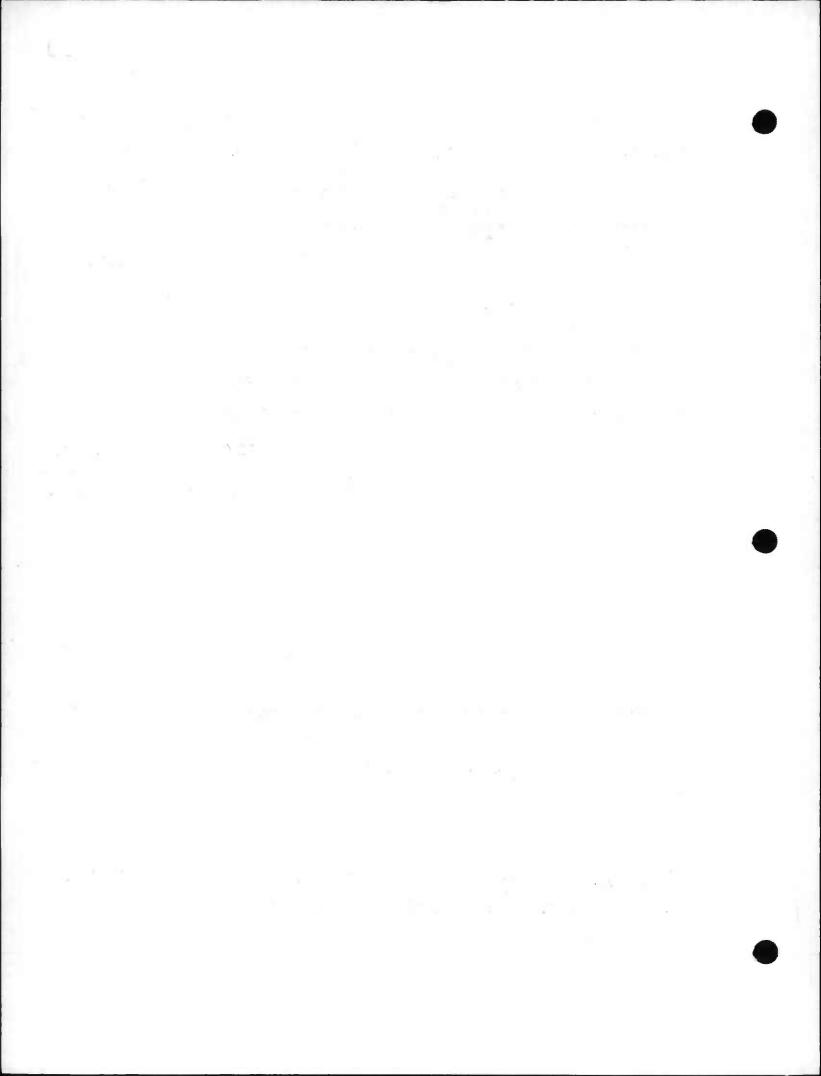
Welliam & pomo	De	pute	/ D06	054
0. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH	(ITEM 27) (1)	rpe, Print)		0.7

21025 WILLIAM P. JONES M.D. 695 AMERICA COURT

31. OATE FILED (Month, Day, Year)
NOV 2 8 1994 32. REGISTRAR'S SYNATURE

6 Could not be determined

24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?



-	
-	
-	1
$\mathbf{c}$	
9	
<b>N</b>	Е
2	
w.	
-	
_	
$\circ$	
9	
<b>m</b>	П
_	
	B
0	
Ω.	
_	
- 0	
S	
	ď
Œ	
<u> </u>	
$\circ$	
()	
~	
~	
- 3	
a.	
	ı
_	1
and the	1
11	- 1
Min	i
0	-
_	1
7	
4	
0	
~	1
-	
U)	ı
_	
>	
IVISION OF VITAL RECORDS, P.O. BOX 68760,	-

NORTHENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 2 state begin, of Health and Member all hygiene physician for remarking or removal. Or removal.

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	lark		201	2. DATE OF OEATH DAY NOV 26	1944 9,10 A M
	100 ha / 11/1/	10 H 2 XF 69	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYB HOURS MIN.  TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Mprith, pay, Year) (Mprith, pay, Year) (Mprith, pay, Year) (Mprith, pay, Year)	8. BIRTHPLACE (State or Foreign Country)  VIVGINIQ 2. COUNTY OF DEATH
TOR	Bon Secours	Hospita		Baltimore		
L DIRECTOR	100. STATE 10b. COUNTY  10c. STREET AND NUMBER 1		10c. CITY, TOW Ba	Himore		10d. INSIDE CITY LIMITS? 1 (X YES 2 \sum NO
FUNERAL	1412 N. Rosedal	e Street 12. WAS DECEDENT EVER IN U	S. ADMED	101. ZIP CODE  21216  3. WAS DECENDENT OF HISPA		lg, CITIZEN OF WHAT COUNTRY?  USG  No.— 14. RACE — American Indian,
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced		2 <b>2</b> NO	If yes, specify Cuben, Mexic.  1 YES 2 NO Speci	en, Puerto Rican, atc.)	Black, White, etc.
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 16 mpleted) College (1-4 or 5+)	ille. Do NOT use refree	ne during most of working d.)	16b. KIND OF BUSINE	L
	17. FATHER'S NAME (First, Middle, Last)	olt	Seurm	18. MOTHER'S N	AME (First, Middle, Maiden Surn	name)
TO BE	190. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRI	ESS (Street and Number of Rural	Route Number, City or Town, St St Bay	to, Md 21216
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	Hou	ACE AND DATE OF DISP ry, Disynatory or other plan	OSITION (Name of	OATE 20c. LOCATI	ION — City or Town, State  C. VAINIA
	21. SIGNATURE OF FUNERAL SERVICE LICE	Puss.		2. NAME AND ADDRESS OF F	those Ba	to Md 21216
	IMMEDIATE CAUSE (Final	st only one cause on aacl	Ilne.	er the mode of dying, aud	ch as cerdiec or respirato	Approximate Interval Batwean Onset and Daeth
	disease or condition resulting in death) a.	Septic Due to lor as a co Ischem	Shock	+ie		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO		112		
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):			
A P	PART II. Other aignificant conditions	contributing to deeth but	not resulting in the	underlying couse given in	PERFORMED	AVAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 TES 2 (V	DF DEATH? 1 ☐ YES 2 NO
SICIAN		HOSPITAL:	ont 3 DOA A D	26. PLACE OF OEATH (C		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a, OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUI	RY OCCURED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, street,	ectory, office	281. LOCATION (Street end P City or Town, State)	Number or Rural Route Number,
COMPLETED		AN: To the best of my knowled On the beste of examination e				ee stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER  REORGE C. WI	cks III M.	D.	D413	65 29	Nov 26, 1994
	George E. W	COMPLETED CAUSE OF DEATH	M.D.	2000 W.	Baltimor	e St.
	NOV 2 8 1994	La Skutshor Race	lall			

18117 18 to an after a second of the many of the second

Should

permit. Pages 1, 2, 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within servicurs after death. Page 6 may be retained by the hospital or attending physician. TO THE RIVERAL DIRECTOR, After this experience has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran by the director page 6 should be detached for use as the burial-tran	be lined within 12 Hours after death with the State Cept. Of regular and welfar Tryllers prior to burds, cremandly, or relatives.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dendem-Ra

DONALD G WRIGHT

31. DATE FILED (Month, Day, Year)

NOV 28 1994

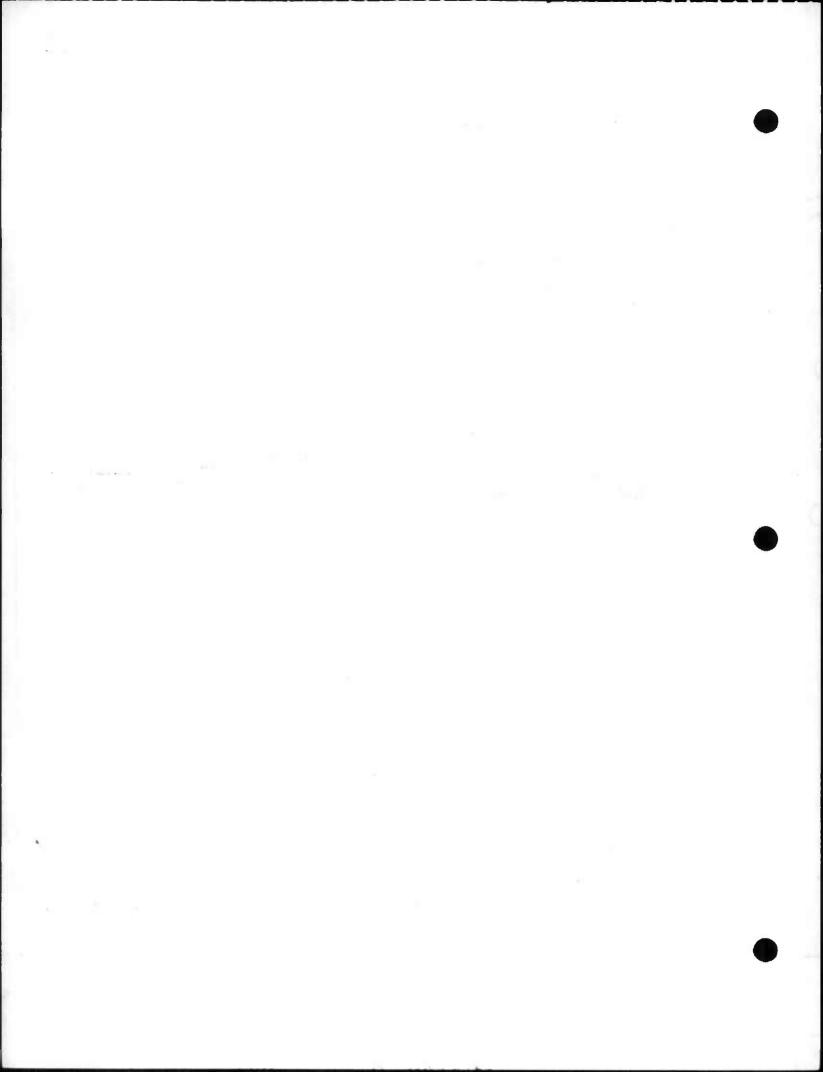
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 NOV. TERRANCE 12:50 PM CARRAWAY 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month. Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 3 M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1102 ORLEANS STREET APT. #103 BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore na 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 700 N. Eutaw Street 21201 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married s, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO ВУ Specify: Specify: 3 Widowed 4 Divorced Black 18a. DECEDENT'S USUAL OCCUPATION

The blood of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) in state remova1 Sponarume of Funeral Service LICENSER Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 21 PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate ahock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Narcotic intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 X YES 2 NO OF DEATH? 1 X YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X XES 2 - NO rsing Home 5 X Xealdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural Pending 11/12/94 FOUND 1230 M 1 YES 2 X NO SUBJECT TOOK DRUGS BY nveatigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED BALTIMORE MO 4 Homicide HOME 1102 ORLEAD STREE T 29a. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2XXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 8 Wonald & Wright MD

▶ NOV. 13,1994

O.C.M.E

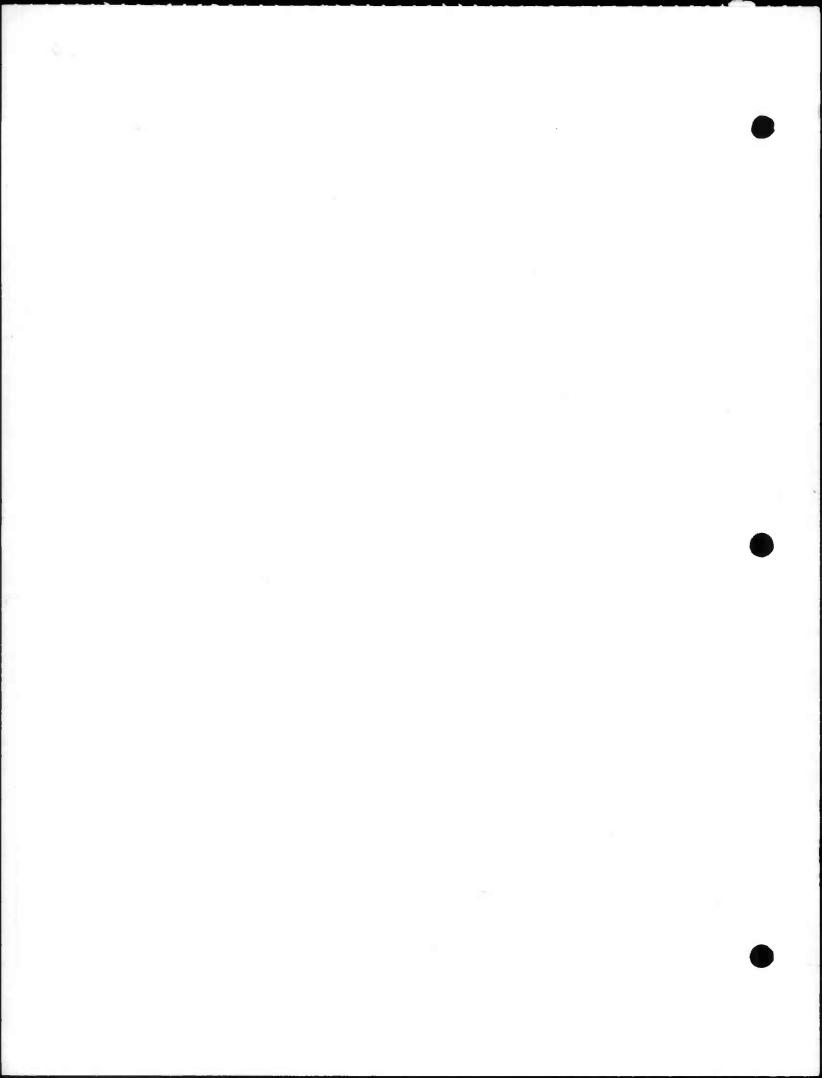
111 Penn Street, Baltimore, Maryland 21201



SICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	MRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should use after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he law requ	e has been e
SICIAN: T	certificate h the State
NING PHY	death with the
R ATTENDIN	RECTOR: urs after (

NE II Ihm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last) Heyward No	elson Crout				2. DATE OF DEATH MONTH NOVEMBET	<sup>™</sup> 22,1	9 9 4ª	3. TIME OF DEATH 10:18P
	249 56 6572	ØM2□F 57		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 09 36	)		PLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give street Hopkins Bay View Me				nore Cit		9c. COU	NTY OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY			own or Locat					10d. INSIDE CITY LIMITS? XIZ YES 2 \( \square\) NO
FUNERAL	10a. STREET AND NUMBER 524 S. Lehigh Stree	et		101	ZIP CODE 21224		10g. CIT	IZEN OF W	HAT COUNTRY?
ΒY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES		Il yes, spi		NIC ORIGIN? (Specify an, Puarto Rican, etc.)		14. RACE Black, Specifi Whit	— American Indian, White, alc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com  Elementary/Secondary (0-12)  1.2	ON 16a (1-4 or 5 +)	DECEDENT'S USU (Give kind of work life. Do NOT use rei Painter	done during mo: tired.)	DN st of working	16b. KIND OF			
	17. FATHER'S NAME (First, Middle, Lest) Walter Crout				18. MOTHER'S N	AME (First, Middle, Meld			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary L. Crout		19b. MAILING ADD 524 S.I	ehigh	nd Number or Rurel St. Bal	Aoute Number, City or	łown, State, Zip	o Code)	
	20a. METHOD OF DISPOSITION 1 Spurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	From State cemetery Oak	CE AND DATE OF DI , cremetory or other p Lawn Ce	isposition (Na place) meterv	me ol 11-26	DATE 20c.	LOCATION — astwoc		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	- 1		Charl		iler & So Ave. Bal			
	23. PART I. Enter the diseases, or com shock, or haert failure. List IMMEDIATE CAUSE (Finel	only one ceuse on aech	line.	entar tha mod	da of dying, su	ch se cerdiac or re	spiratory sr	rest,	Approximats interval Between Onset and Desth
	disesse or condition resulting in death)	DUE TO (OR AS A COM		revt					
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST	DUE TO (OR AS A COM	Herof 1	Fuilou	e: 02	dialyris	proj	vom	s.
PHYSICIAN: MEDICAL	PART ii. Other eignificent conditions co	ontributing to death but n	ot resulting in th	ne underlying	ceuse given in	PERI	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
AN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		EATH YES		UNCERTAI	N <b>⊠</b> r			
IYSIC	1 YES NO 1	OSPITAL: Inpatient 2 ER/Outpatien	1 3 DOA 4 D			8 Other (Specify)			
ВУ РН	27. MANNER OF OEATH  1 Metural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO		28d. DESCRIBE HO	W INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — A building, stc. (Specify)	t home, term, stree	t, lactory, office		281. LOCATION (Stree City or Town, Sta		or Rural Ro	oute Number,
COMPLETED		i: To the best of my knowledge in the basis of examination and							and manner as stated.
TO BE C	29b AGNATURE AND TITLE OF CONTIFIER	on , u	w.	_=	190. LICENSE NU				Month, Day, Year) 23, 1884
F	30. NAME AND ADDRESS OF PERSON WHO GO	medicine,	82N	()			-		
	NOV 2 8 1994 July	32. BEGISTRAR'S SIGNATUR	e Ll,						



TO BE COMPLETED BY FUNERAL DIRECTOR

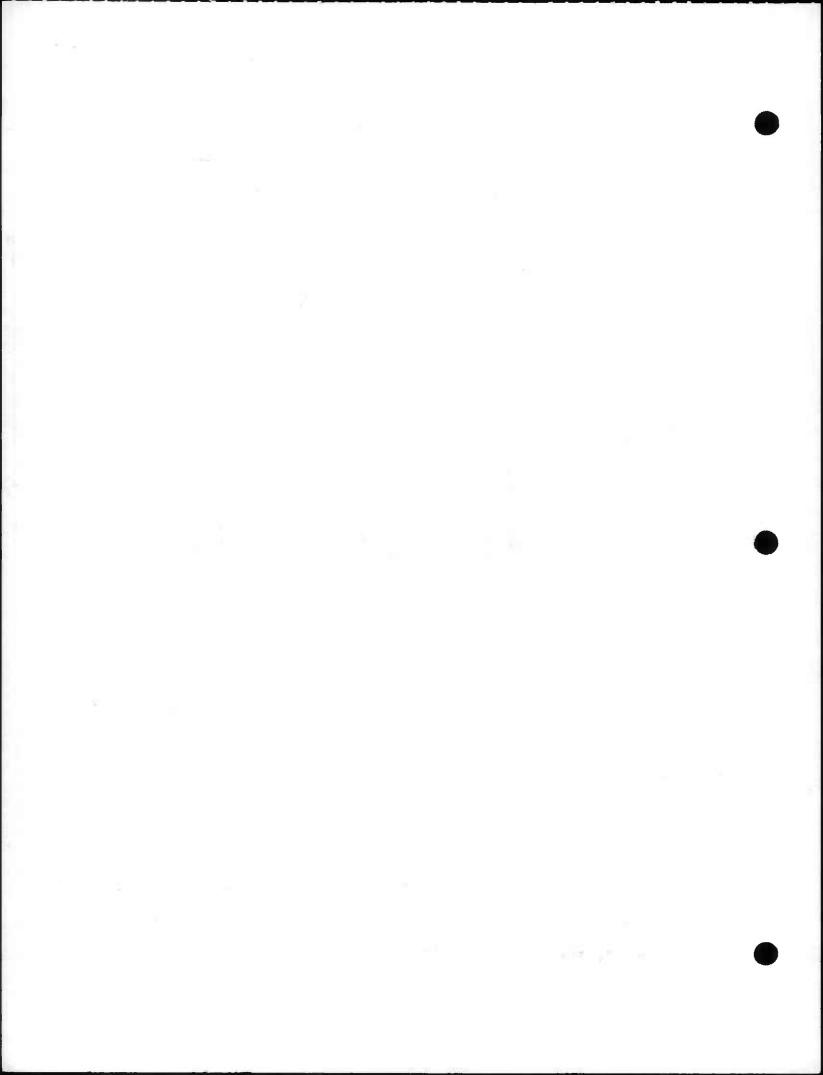
78	ō	
Spit	Ped	
8	ach	
he	det	
3	pe	
20	P	
aju	Po	
ret	5 5	
pe	90	,
lay	Da	
5	to.	
9	Je C	
Pa	PI	
Ė.	Hera	
dea	Ž	
Te.	the	Mal.
10	3	E
SJM(	.⊑	Jr re
¥	and completely filled in by the funeral director, page 5 should be det	٥.,
ř.	y fil	tior
th	ete	E
*	du	Cre
E	00	ja,
700	5	Ē
ex ex	B	9
A	icia	10.
ate	MyS	0
tific	0	en
ë	din	2
ath	ten	al
de	9	lent
the	#	≥ P
hat	5	an
S	Jue	alth
ujre	Sig	£
red	een	of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	fter this certificate has been signed by the attending physician and of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he	ha.	0
-	cate	Stat
A	THE	بو
Sic	9	h d
F	this	₹
5	ter	ath
Ö	TO THE FUNERAL DIRECTOR: After	de
TEN	DR.	fter
A	EG	ξų Δ
9	OFF	DOL
A.	7	2
0	ER/	7 1
50	5	Ē
EF	EF	× p
프	Ξ	fle
2	2	8

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

94-6675-510 ML Items1,4,6,7,8,10d,10g,11,12,13,15,16a,16b,17,18,19a,19b 94 34,794 20a,20b,20c 11-29-94 FilmG717 W.H.Per F/H

	Z ) = ) 4 F 1		.n.re								
1 - STATE REGISTRAR	STATE OF N		DEPART					MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	VEAR.	3. TIME OF DEATH
DAVID		Lee		CONW	EL	L		MON.	<b>18</b> :	1994	8:51 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		IF UNDER		7. DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign
235-46-1735	1 🖾 M 2 🗌 F	63 62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1-4- <del>3-2</del>	1931	Wes	t Va.
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, 1	OWN O	R LOCATI	ON OF D	EATH	9c. CO	UNTY OF D	
114 S.BROADWA	V ADT	. #5	- 1	BAT	тт	MORE	е ст	тv	n	а	
RESIDENCE OF DECEDENT	I AFI	• п Э		DAL	1 11	TORL	, (1			а	
10e. STATE 10b. COUNTY	r		10c. CITY	NO WWOT	LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland na			Ва	ltin	nor	e					1 X YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODI	E		10g. Cl	TIZEN OF V	VHAT COUNTRY?
114 S.Broadw	ay #5	5				21:	231		U	.S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR						NIC ORIGIN? (Specify	_	_	— American Indian, c, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		io .					in, Puerto Rican, atc.)		Speci	tv:
	l									<u> </u>	White
15. DECEDENT'S EDU		16a. DE (Gi	CEOENT'S U We kind of wi Do NOT use	JSUAL OCC	UPATIO	N SI of workin	ng	16b. KIND OF	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	ilfe.	Do NOT use	retired.)				Stoo	l Ind	uetev	,
		V	lelde:	r				Stee	LIII	ustry	
17. FATHER'S NAME (First, Middle, Last) Albert Freeman	Communal 1							ME (First, Middle, Maid			
Albert Freeman	COLUMETT					V E	eua i	Esteline	nicha	eı	
19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS (	Street el	nd Number	or Aural	Route Number, City or 1	own, State, Z	(ip Code)	
Game Taylor			615 9	94th	Str	eet	0cea	n City, N	ID. 2	21842	
20e. METHOD OF DISPOSITION  1 Buriel 2 Termetion 3 Rem	ount from State							DATE 20c.			wn, State
4 Donation 5 U Other (Special	state	Ldmova			emat	ory	Inc	-11-29-94	Balt	o.MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER onal	d Wade	Dir	22. N/	ME AN	D ADDRE	SS OF FA	CILITYState			
Ann Nach 11	1/1/11							ore St,E			
23. PART i. Enter the diseases, or o	VIIII	t navend the de	oth Dom					-		•	
ehock, or heert fellure.	Liet only one ceu	ise on each line	ath. DO N	or enter ti	на пнон	de or dy	ing, suc	n as cerdiec or res	piratory e	rrest,	Approximete interval Between
iMMEDIATE CAUSE (Fine) disease or condition	1.7	- 1	0-	1	1		1	10.			Onset and Death
resulting in desth)	· Truly	iscless	CE.	Con	dis	NO 6	In	Dise	26		
	DUE TO	(OR AS A CONSEC	UENCE OF	):							
Sequentielly list conditions,	b	/OD 10 1 0011000									
if sny, leeding to immediate ceuse. Enter UNDERLYING	DUE 10	(OR AS A CONSEC	IUENCE OF)	):							
CAUSE (Disease or injury	C	(OD 10 1 00 100									
thet initieted events reculting in deeth) LAST	DOE 10	(OR AS A CONSEC	UENCE OF	);							
	1										
PART ii. Other eignificent condition	s contributing to	death but not re	eeulting in	the und	eriying	Cause (	given in	Pert i. 24a. WAS	AN AUTOPSY	24b	WERE AUTOPSY FINOINGS
								PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								─ I V YES	2 NO	,	OF DEATH?
DID TOPACCO LIST CONTE	DIDLITE TO CA	LICE OF SEA	ru ve			116.00	in the same	len	to		1 YES 2 NO
DID TOBACCO USE CONTI	UDUIE IO CA		E OF DEATH			UNC	ERTAI	NLI			1
EXAMINER?	HOSPITAL:			OTHER:							
1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 I	-			_		sidence	8 Other (Specify)			
Netural 5 Pending	(Month, D		28b. TIME INJU	RY 2	Bc. INJU	RK?	7.4/2	28d. OEŞCRIBE HOV	V INJURY O	CCUREO	
Accident Investigation	00- 01-00-	E tal stime				ES 2	] NO				
3 Sulcide 8 Could not be 4 Homicide determined	building,	F INJURY — At hou atc. (Specify)	ne, ferm, at	reet, fector	y, office			28f. LOCATION (Stree City or Town, Ste	et and Numbe te)	er or Runel F	loute Number,
					_						
	CIAN: To the beat of	my knowledge, de	rth occurred	at the tim	e, date	end piece,	, end due	to the ceuse(s) end n	nenner ee st	sted.	
one) 2 X MEDICAL EXAMINE	R: On the basis of e	camination end/or i	nvestigation	, In my opi	nion, de	ath occur	red at the	fime, date and piece,	end due to t	fhe ceuse(s	) end manner es stated.
29b. SIGNATUBE ON TITLE OF CENTIFIES		11				29c. LICE	ENSE NUI	MBER	29d. DA	TE SIGNEO	(Month, Day, Yeer)
Theodo.	M.	Kuno	m	D.	ſ		_			ov.	18,1994
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAN	SE OF DEATH (ITEM	27) (Type. I	Print)	_	U	·C·I	И.Е.	1/1/	UV.	10,1334
							2	14.2	3.5	1 ==	.a 21201
Theodore Kind 31. OATE FILED (Month, Day, Year)		R'S SIGNATURE	_Per	ın Si	re	et.	Ba.	ltimore,	mar	утаг	IQ
		where Rend	2.11								
- NOV 9.9 1884	HELLA OUR	UNITED TO THE	are								



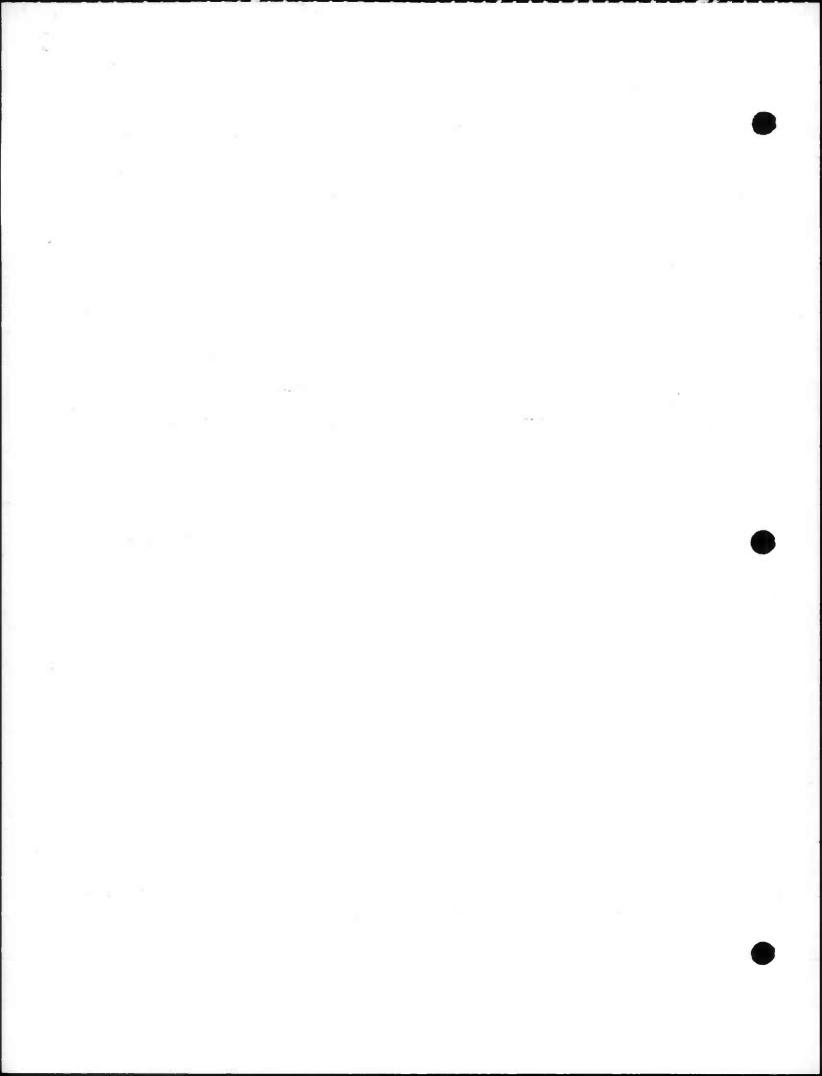
	þ
60,	nightin
BOX 68760	OR ATTENDING DUVCINIAN. The law remises that the death partitions he executed within
$\hat{\cap}$	4
ŏ	afe
DIVISION OF VITAL RECORDS, P.O.	carrifo
Д.	the
Ś	å
	the same
H	th 20
	00
Щ.	Perini
•	4
	6
-	The
5	AN.
2	2
0	NHG NHG
Z	OF.
2	ã
2	ATTEN
5	g
_	Ž.

DIVISION OF VITAL RECORDS, F.O. BOX 68760,	BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 froms after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should I.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	WILHELMIN	NA WAGNER	DUNL	OP		MONTH DA		2:55 PM
	The second secon	100		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. Bil	TTHPLACE (State or Foreign untry)
		1 □ M 2 🔯 F 9 4	YRS.	THS DAYS	HOURS MIN.	8-24-190	0 []	linois
~	9e. FACILITY NAME (If not institution, give street	,		CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O	DEATH
DIRECTOR	Wilson Health	Care Center	1	Gaith	ersterg		Montg	omery Co
S S	10e. STATE 10b. COUNTY		10c, CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
E	Maryland Montg	omery Co		thers				LIMITS?
	10e. STREET AND NUMBER	J	1 041		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ER								
FUNERAL		12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No.— 14. R/	ACE — American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		1 Tyes, spe		n, Puarto Rican, atc.)		eck, White, atc.
	15. DECEDENT'S EDUCA	TION TO		<u> </u>				
H	(Specify only highest grade co	impleted)	(Give kind of work life. Do NOT use rel	done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Meiden	Sumamai	
BE C						i noi, moss, moss,	our remey	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	DRESS (Street at	nd Number or Rural F	Noute Number, City or Town	n, State, Zip Code)	
2	Mr Stuart Dunl	Ор	9011 C	enter	way Rd,	Gaithers	berg, M	D20760
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Remove		CE ANO DATE OF DE	SPOSITION (Na			CATION — City or	
	4 Donation 5 Other (Specify)		r, crematory or other p					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	'SEE Rynald Wa	de,Dir	22. NAME AN	D ADDRESS OF FAC	State A	natom	Board
	Jonan 1	Wale		655W	.Baltim	ore St,B	alto,M	D21201
	23. PART I. Enter the diseases, or cor	nplications that caused the	deeth. Do not a	inter the mod	de of dying, such	as cerdiac or respi	ratory errest,	Approximate
	immediate cause (Final	et only one cause on each	iina.					Intarval Between Onset and-Death
	disease or condition resulting in death)	ann	ration	m	eunio	wi		5
		DUE TO (OR AS/A COM Alrkeu	SEQUENCE OF):	-11	,			2 4
N	Sequentially list conditions, b.	Alrke	mey a	dome	ntia			Vecus
ATI	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON	NSEQUENCE OF):					
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	SEQUENCE OF:					
CERTIFICATION	resulting in deeth) LAST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	d							
ÄL	PART II. Other eignificant conditions	contributing to death but n	ot resulting in th	a underlying	cause givan in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	amaf	filella	UZU		nar	1 YES 2	X NO	COMPLETION OF CAUSE OF DEATH?
Σ				<i>v</i>		_ '	'`	1   YES 2   NO
Ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PL	ACE OF DEATH (Che	ck only one)		
ΙΥS	1 YES 2 V NO 1	Inpatient 2 ER/Outpatien	1 3 DOA	Nursing Home	5 Residence			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOF	RK?	28d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — A	t home form etree		ES 2 NO	ARE LOCATION (Committee)	-d Months - D	18.
	4 Homicide 6 Could not be	building, atc. (Specify)	a reality action	, tectory, office	1	28t. LOCATION (Street a City or Yown, State)	na Number or Hun	If Houte Number,
	290. CERTIFIER 1 TERTIFYING DAYSICIA	Ni. To the heat of any transit of						
COMPLETED		AN: To the best of my knowledge On the beele of examination and						of all and managers and all all all all all all all all all al
- 11	29% SIGNATURE AND TITLE OF CERTIFIER		Juguton, III	T I				
8	l. P ni.	O. infly	Ros		29c. LICENSE NUM	DEH .	29d. DATE SIGN	EO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH-	TEN 27) (Type, Print	0	DITLY	7	- 11/10	2/74
	STOHN R MEL		Russer		E GA	17HEDS BU	26	And 21897
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		/-		· ///Euzi G-C	20 /	1001
	NOV 2 8 1994	Luin Sanden-A	medella					

BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	TATE OF MARYLAND	/ DEPART	MENT OF HE	ALTH AND I	MENTAL HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Last)	Christine M.	Delir	mater		2. DATE OF DEATH DAY	YEAR 1994	3. TIME OF DEATH
	210 30 0000	M 2 💢 F 87	YRS,		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3 - 24 -07	s. Birth Count	APLACE (State or Foreign ry) nsylvania
TOR	9a. FACILITY NAME (If not institution, give street and Harbor Hospital Cel			Baltim			COUNTY OF D	DEATH
DIRECTOR	Maryland Anne A	rundel		town on Location	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5305 Wasena Ave 11. MARITAL STATUS	WAS DECEDENT EVER IN U.S.	21150		21225		U.S.	
B	1 Never Married 2 Married F	F YES, GIVE WAR OR DATES	NO		fy Cuban, Mexica	ilC ORIGIN? (Specify Yes or N n, Puarto Rican, atc.)		E — American Indian, k, Whita, atc. "/y: White
once. COMPLETED		eted) lege (1-4 or 5 +)		SUAL OCCUPATION ork done during most retired.)		Grocery		
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Taubler				Mary 1	ME (First, Middle, Meiden Sume Brubaker	ame)	
TO TO	19a. INFORMANT'S NAME (Type/Print)  Joseph J. Delimate  20a. METHOD OF DISPOSITION	er Jr	8539 1	Neptune :	Drive,		ryland	21122
examiner must be notified at once.  TO BE COM	10 Burlet 2 Cremetion 3 Removal fr 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetery, c	e AND DATE OF crematory or other Ar Hil	1 Cemete		11/23 Balt		, Maryland
ry, or other traumatic event, the medical CERTIFICATION	23. PART i. Enter the diseases, or compinations, or heart feilure. List of immediate proposition in the prop	PUE TO (OR AS A CONS  DUE TO (OR AS A CONS	ED E	2DIAL.		•	y orrest,	Approximete Intervel Between Onset and Death
MEDICAL	PART II. Other eignificent conditions con			the underlying	ceuse given in	PERFORMED	7	. WERE AUTOPSY FINDINGS AWAILABLE PRIDT TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF DEATH	(Check only one)		6 Other (Specify)		
		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJUE	Y AT	28d. DESCRIBE HOW INJUR	Y OCCURED	
ETED E		26s. PLACE OF INJURY — AI I building, atc. (Specify)	homa, farm, str	eet, factory, offica		28f. LOCATION (Street and No City or Town, State)	umber or Rural F	Route Number,
O BE COMPLETED BY PH	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On I							i) and manner as stated.
TO BE	296. SIGNATURE AND THE OF CERTIFIER  JACK  30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (IT	EM 27) (Tuna E	A	35 - 244	1614-46 D	DATE SIGNED	(Month, Day, Year)
	TAHIR SAJJAD	HARBOR MC	SPITAZ	CENTER	3001.5	HANOVER S	T. SALT	MIRE MD 212
	NOV 2 8 1994 Juli	Studior Randal						DUMIN OF BUILDING



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

-	REGISTRALI		OLMII	TOATE	UF	DEAL	п	H	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Linst) PAULA	M.EYER	DUMLE	· D				2. DATE OF C	DAY	<b>Y</b>	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		DUI'IL I		VEAD	IF UNDER 2		7. DATE OF B		26,		8:54 a. M	
	229-94-6617	1 M 2 F	36 YRS.	MONTHS	DAYS	HOURS	MIN.	Mal L		1958		D.C.	
ļ	9a. FACILITY NAME (If not institution, give s	reet and number)		9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
OHO	THE JOHNS HOP	KINS HOSPIT	AL	ВА	LTI	MORE	CITY	(					
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	,	100.0	ITY, TOWN OF									
FUNERAL DIRECTOR	3/-	to. Co.	100.0	III, IOWN OF	LOCAL	ION						10d. INSIDE CITY LIMITS? 1  YES 2 NO	
M	10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?	
	28 Ambo Cir.					212					U.S.		
E	11. MARITAL STATUS  1 Never Married 2 K Married	12. WAS DECEDENT EVE FORCES? 1 \( \subseteq \text{ Y}	R IN U.S. ARMED	13. W	AS DECI	ENDENT OF Icify Cuban,	HISPANIC	C ORIGIN? (S <sub>f</sub> , Puarto Rican	pecify Yea , etc.)	or No—	14. RACE Black,	American Indian, White, atc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES			2 K NO					Whit		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION COMPLETE	16a. DECEDENT	S USUAL OC	CUPATIO	N .		16b. KIN	D OF BUS	INESS/INC	USTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal	use retired.)	uring mos	st or wonling			wn H	<b>0</b> m 0			
MP			Homeman	CEL									
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Kenneth	Meyer						E (First, Middle Virgin			colm		
TO B	John P. Bomler		19b. MAILIN	MADDRESS	(Street ar	Number o	or Rural Ro	D. 21	City or Town	, Statu, Zip	Code)		
	20a. METHOD OF DISPOSITION												
	1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE AND DAT	e of disposit Cemateo	ron (Nai	me of	1	1/28	Cate	ONSV	City or Tow	MD .	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. N	IAME AN	D ADDRESS	S OF FACI	ILITY					
	Dean P. Ch							2007 E				231	
	23. PART I. Enter the dieeesea, or of ahock, or heart fellure.	complications that cau List only one cause o	aed the deeth. Do n each line.	not enter t	the mod	de of dyln	g, such	as cerdiec	or respir	retory er	reat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0.0	Ε. 2 /	_	11.	. 1	AP	all Parks				Onset and Death	
1	resulting in deeth)	DUE TO (OR	A CONSEQUENCE	m /	140	rug	100	mo			1(-26	876-8-20	
z		h.		o.,.									
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate	DUE TO (OR A	AS A CONSEQUENCE	OF):				`					
일	CAUSE (Disease or Injury	DUE TO (OR A	AS A CONSEQUENCE	OFI:									
Ē	that initiated events resulting in death) LAST	4		O. J.								į l	
	DART II ON THE MILES OF THE										7		
EDICAL	PART II. Other eignificant condition				derlying	cause gl	ven in P	Part I. 24s	PERFOR!			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	Thattral polimone	remit a ser	ne · vjed	0 1	<1			- 1)x	YES 2	NO	- 1	OF DEATH?	
	DID TOBACCO USE	CONTRIBUTE T	O CALISE C	E DEAT	on-ec	vel						1 - YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	O CAUSE C	I DEAT		ACE OF DE	NO ATH /Char	الم					
PHYSICIAN: M	EXAMINER?	HOSPITAL:	Outpetlant 3 🗆 DOA	OTHER	:			Other (Sp	noifu)				
¥	27, MANNER OF DEATH	26a. DATE OF INJU	RY 26b. T	ME OF	28c. INJU	JRY AT	-	26d. DESCRIE		JURY OC	CURED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	17)	NJURY M	1 🗌 Y	ES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (	URY — At home, farm Specify)	, street, facto	ry, office			261. LOCATION	N (Street as	nd Number	or Rural Ad	oute Number,	
COMPLETED	4 Homicide datermined												
릴		CIAN: To the best of my ki											
رة ا	2 MEDICAL EXAMINE	R: On the basia of axamin	ation and/or investiga	tion, in my op	olnion, de	eath occure	d at the ti	ime, date end	place, and	dua to th	e Cause(a)	and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIE	MAA.				29c. LICEN	ISE NUMB	BER		29d. DAT		(Month, Day, Year)	
6	- VC(V	1000	90			W	156	275		<u> </u>	11-26	-44	
-	30. NAME AND ADDRESS OF PERSON WHO		Amere,			IR 1	Γ ΔΗ	N_MD.					
	NOV 2 8 1994 Ju	LA DANGLACK				OI(1	. 7111	1 PID.					
	MOAN - 1001 Ju											1	

ITEM: 1. PER F.H. FILM G-717 11/28/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH FRANCES PRUITITY DULL YEAR FRANCES NOVEMBER DULL 994 :15 4. SOCIAL SECURITY NUMBER 6 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 10, Virginia 219-28-9490 81 1913 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Md. Baltimore Dundalk permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 8 Eastship Road 21222 U.S.A. attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 TYNO Specify: Specify: BΥ 3 Widowed 4 Olvorced White ETED 15. DECEOENT'S EDUCATION secify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe retained by the hospital or filled in by the funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL MARYLAND 12th Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 100 William Thomas Pruitt Nettie L. Crockett BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donna Contic 8030 Neighbors Ave., Baltimore, Md. 21237 9 BALTIMORE, þe 20a, METHOD OF OISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must OakLawn Cemetery 11-28-94 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY StacksBradley-Ashton Funeral Home, 21222 -Phillip death. 2134 Willow SPring Rd., Balto., Md. MO0550 hours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximata ahock, or heart failure. List only one cause on each line Interval Between Onset and Daath IMMEDIATE CAUSE (Final the disease or condition\_ dissection 4-hours completely executed within resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) and com york Iraumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): O. BOX 2 the attending physician Mental Hygiene prior to if any, leading to immediate requires that the death certificate be cause. Entar UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DIVISION OF VITAL RECORDS, P. 0 injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS been signed by th AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any t TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DA UNCERTAIN has be Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: this certificate h OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation M 1 YES 2 NO After ti BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) S 3 Suicide ETED 8 Could not be DIRECTOR: 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. COMPL TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 ho (Check only one) mEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE L9933 9 30. NAME AND ADDRESS QF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mondo 31. OATE FILED (Month), Day. 32. REGISTRAR'S SIGNATURE

8 1994

NOV 2

Lis Denison Rendell

31. DATE FILED (Month, Day, Year)
NUV 2 U 1994

	_	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		TMENT OF I		MENTAL HYGIEI				
	8	1. DECEDENT'S NAME (First, Middle, Last)  DONNA DA1	15				2. DATE OF OEATH		3. TIME OF DEATH		
Pin		4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	M 2 XF 42	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/9/195		BIRTHPLACE (State or Foreign Country) Balto., MD		
1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give street a Johns Hopkins Ho RESIDENCE OF DECEDENT				on Location of D	EATH	9c. COUNTY	OF DEATH		
permit. Pages 1	DIREC	10e. STATE 10b. COUNTY Maryland			altime				10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
	FUNERAL	100. STREET AND NUMBER 4611 Manordene I			10	7. ZIP CODE 21229		10g. CITIZEN	OF WHAT COUNTRY? USA		
21215-0020 al or attending physician. for use as the burial-transit	B	1 Never Married 2 YMarried	WAS OECEDENT EVER IN U. FORCES? 1 ☐ YES FYES, GIVE WAR OR OATE	2 X NO	It yes, sp		NIC ORIGIN? (Specify Youn, Puerto Rican, stc.)		RACE — American Indian, Black, White, atc. Specify: Black		
21215-0 vital or attending of for use as the	LETED			(Give kind of w life. Do NOT use	USUAL OCCUPATE rork done during me e retired.)	ON osl of working		JSINESS/INDUST			
YLAND 2 by the hospital be detached for		12th 17. FATHER'S NAME (First, Middle, Last) William H. John	nson		N/A	18. MOTHER'S NA	ME (First, Middle, Maide				
retained 5 should	TO B	19a. INFORMANT'S NAME (Type/Print) Mildred Johnson					Route Number, City or To	wn, State, Zip Cod			
HORE e 6 may rector, pa		20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Removal t 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	Ga	ry, crematory or oti	n Fores	eme of 11/2 St Vet.	Cem. Ow	ings M	or Town, State		
		·Xervy	). Klu	ett	LERO?	Y O. DY	ETT & SO Y HEIGHT	S AVEN	RAL HOME UE 21207		
within 24 hou pletely filled i cremation, or		23. PART . Enter the diseases, of companock or hast failure List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	PCP PNE  OUE TO (OR AS A CO	umon	IA	oda of dying, suc	h ss cardiac or reap	piratory arrest,	Approximata interval Between Onset and Dasti / WECK		
Cortificate be execute the principle of cortificate be executed and conding physician and control by the principle of the pri	RTIFICATION	that Initiated quarte									
res that the signed by the ealth and M	JICAL C	PART II. Other algnificant conditions con MAINUTRITION	ntributing to death but	not resulting in	n the underlyln	g causa givan in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
VIIAL KE AN: The law requi	CIAN:	DID TOBACCO USE CONTRIBU	28.		H (Check only one)		N 🗆				
PHYSICIAN: This itertifical with the Sta	1 0 1	_ no	SPITAL: Inpatient 2 - ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED		
OR ATTENDING P DIRECTOR: After 1 hours after death Hom 28 is man	0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, stc. (Specify)	At home, ferm, st		YES 2 NO	281. LOCATION (Street City or Town, State		ural Route Number,		
四 元 江 五	5	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge the basis of examination as						use(a) and manner as stated.		
D THE HOSPI DATHE FUNES OF THE WITH	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	i mi	>		29c. LICENSE NUI		29d. DATE SIG	SNED (Month, Day, Year)		
(E	ク	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) & WAL	NUTWOO L	RD. H				

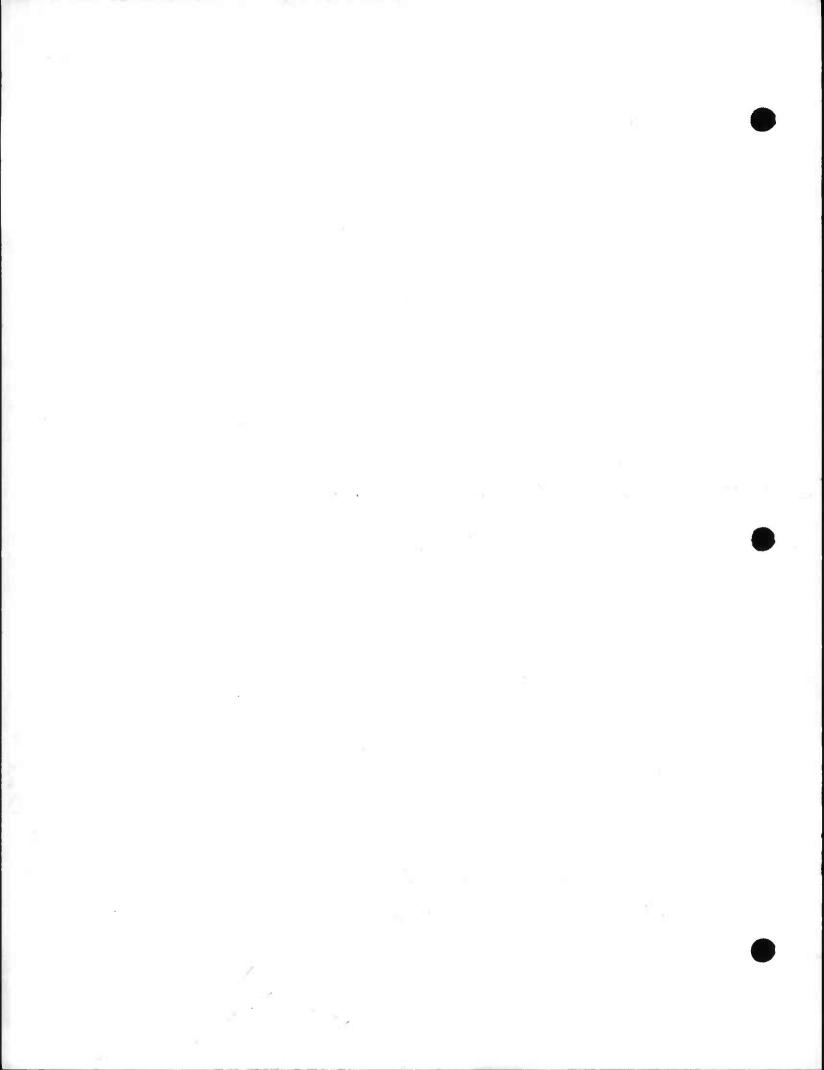
	-
	J
õ	- Contract
WSION OF VITAL RECORDS, P.O. BOX 68760.	THE PROPERTY OF THE PROPERTY O
X	9
ă	900
0	Done in
S, D	done
Ö	oho
0	that
REC	- and in a
_	1
Δ	The
5	ABI
9	BUVCIO
Ž	١
2	4
13	1
-	

TO THE HOSPITAL DESCRIPTION FHYSICIAN: The law requires that the death certificate be executed within software fleated by the hospital or attending physician.

TO THE FUNERAL DIFFERENCE Along the state Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM			MENTAL HYGIENE REG. NO.	Ē			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	***	3. TIME OF DEATH		
	RALPH DANN					11-19-94	Y YEAR	5:10 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign		
	149-28-9738  9a. FACILITY NAME (If not Institution, give stree	1 M 2 F 87	YRS.	CITY TOWN O	HOURS MIN.	(Month, Day, Year) 5-21-0	8 N	V.Y.		
DIRECTOR	PLEASANT MANOR		ENTER		TO. CIT		32.000111010	100111		
JEC.	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY		
ā	MD.		RA	I.TIMO	RE CITY			LIMITS?		
FUNERAL	10e. STREET AND NUMBER				ZIP CODE	T	10g. CITIZEN OF	-		
ER	4615 PARK HE	EIGHTS AVE			21215		USA			
S		12. WAS DECEDENT EVER IN U.S				IC ORIGIN? (Specify Year	or No - 14, BAC	E — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			cify Cuban, Maxicar 2 NO Specify.	n, Puarto Rican, atc.)	Blac Spec	k, White, etc.		
В	3 Widowed 4 Divorced	<u>5-26-30-11-2</u>	24-45		- A.		WE	HITE		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.		. DECEDENT'S USL	AL OCCUPATIO	N st of working	16b. KIND OF BUSI	INESS/INDUSTRY			
9		College (1-4 or 5+)	life. Do NOT use rei	ired.)	a or working					
MP	UNKNOWN U	JNKNOWN	SOLDI	ER		ARMED	SERVICE	ES-RETIRE D		
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Malden S	Surname)			
BE	UNKNOWN				UNKNO	WN				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street at	nd Number or Rural A	loute Number, City or Town,	, State, Zip Code)			
	OLENDER ASSOCIAT	res	1634 E	YE ST	.N.W.11	th.fl.WA	SH.DC2	)006		
	20a METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remove	20b. PLA	ACE AND DATE OF D	SPOSITION (Nat	me of		CATION — City or To			
	4 Donation 5 Other (Specify)		RRISON	FORRE	ST CEM.	11-28 G	ARR. FO	DREST RD.		
	21. SIGNATURE OF JUNERAL SERVICE LICEN	ISEE		22. NAME AN	D ADDRESS OF FAC	CILITY				
	Ward) Y	1 DANH		T CAD	DOTT E	'H 1712 W	CECT MOI	סתנו אזור		
	23. PART I. Entar tha diseasas, or cor	mplications that caused the	a death. Do not a					Approximate		
	***************************************	st only one cause on each		West c	acuto	oulmono	ry edes	intarval Between Onset and Daath		
N N	disease or condition resulting in death)  Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	NSEQUENCE OF):							
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	NSEQUENCE OF:							
ĒΙ	resulting in dasth) LAST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					İ		
핑	d							-		
A	PART II. Other aignificant conditions	contributing to path but n	ot rasulting in th	a underlying	cause given in I	Part I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS		
읽	- Chro	ne altotal		2 leds	~acsom	1 D YES 2	1	COMPLETION OF CAUSE OF DEATH?		
E I	tel	ebella ata	Ma -	Jaste	adony te	eden	~	1 TES 2 NO		
z I	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF D	EATH YES	□ NO □	UNCERTAIN					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH (C	check only one)						
Sign		IOSPITAL: Inpetient 2 ER/Outpetien		HER: Nursing Home	5 🗍 Rasidenca 8	B C Other (Specify)				
ا کِ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, rear)	INJUNY	M 1 Y				- 1		
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — A building, stc. (Specify)	it home, farm, stree	t, factory, offica		281. LOCATION (Street an	nd Number or Rural I	Route Number,		
COMPLETED	4 Homicide datarmined	bunding, see. (Specify)				City or Town, State)				
٦	29a. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of my knowledge	e, death occurred at	the time, data	and place, and due t	to the cause(s) and menn	ner as stated			
Ž		On the besis of exemination and						t) and manner as stated.		
- 11	29b. SIGNATURE AND WILE OF CERTIFIER	. (1								
<b>8</b>	11 anniel	1 Team	カカ	i	1) AG	722	29d. DATE SIGNED	(Month, Day, Year)		
ဥ	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(IXFM 27) /Kma (India	,	VUO	VAC	- 1/1/	7		
	MANUEL LEVIAL	MA 1/h/	PAD V	HIJA	VE B	ALTO MD	12/2/	5		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	PE /	10/5/1	VE 101	Jeiocith				
	31. DATE FILED (Month, Day, Year) 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Dhudson Roylell	/							
	7,004	The state of the s	k .							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)
Lenzell Raymond Elmore 2. DATE OF DEATH MONTH 3. TIME OF OEATH YEAR 23 LENZELL NOV 94 4:35 PM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign DAYS 1 M 2 F lorida permit. Pages 1, 2, 3 should 9c. COUNTY DIRECTOR CHOSPITAL CENTER NORTHWEST RANDALLSTOWN BALTIMORE 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Timore and 1 YES 2 NO 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 30 rAvers 21234 use as the burial-transit Wa 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES VIETA AM 1965-68 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or NoIf yee, specify Cuben, Mexicen, Puerto Rican, atc.) 1), MARITAL STATUS 14. RACE 1 Never Married 2 Merried 1 YES 2 7 NO Specify: BY ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Qo NOF use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Щ Por Flementery/Secondary (0-12) COMPL porer director, page 5 should be detached 17. EATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mic Ħ seom e BE notified 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Tow NAME (Type/Print) Zip Code 2 30 raver Wa more 9 11 BATE 20b. PLACE AND DATE OF DISPOSITION (Name of must ores or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ( joseph 222 R the 23. PARA I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or reepfratory erreat, attending physician and completely filled in by Approximate ahock, or heart failure. List only one cause on each line, interval Between 20 IMMEDIATE CAUSE (Final Onset end Death diseese or condition resulting in death) SILLE DUE TO (OH AS A CONSEQUENCE OF) prior to burial, UD vog CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) thet initiated evente resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any YES 2 NO YES 2 NO certificate has been h the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER WES 2 NO 1 Inpetient 2 TER/Outpetient 3 II DOA ne 5 🗆 Rasidence 8 🗀 Other (Specify) ō 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH this c. 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 Is marked, INJURY 1 Netural 1 YES BY Investigation 4 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED DIRECTOR: after 4 Homicide TO THE FUNERAL DIRECTE
be filed within 72 hours at
IMPORTANT: It item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: the beals of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. MATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 出 NOV 24,1994 O.C.M.E. 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Jay REGISTRAR'S SIGNATURE

ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-718 12/5/94 t.t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

									, -,					
-	STATE	0F	MARY	LAND	/ DE	PAR	TME	NT	0F	HEALTH	AND	MENTAL	HYG	IENE
				(	ER	TIF	ICA	TE	O	F DEA	ГН		REG.	NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND MENTA	AL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		2. DAT	E OF DEATN	3. TIME OF DEATH
JOSEPH	FENWICK	NON		7:46 AM
4. SOCIAL SECURITY NUMBER 213-70-0529				BIRTHPLACE (State or Foreign Country) Mayland
9a. FACILITY NAME (If not institution, give s	street and number) 9	b. CITY, TOWN OR LOCATION OF DEATN	9c. COUNT	Y OF DEATN
1114 CARSON CO	DURT	BALTIMORE CITY		
Naryland 10b. COUNT	Y 10c. CIPYs	a Himore		10d. INSIDE CITY LIMITS? 1 YES 2   NO
100. STREET AND NUMBER	on Court	101. ZIP CODE 2 1 2 1	7 10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGING 15 yes, specify Cuben, Mexican, Puarto 1 YES 2 NO Specify:		I. RACE — American Indian, Black, Whita, etc. Specify: 2
15. DECEDENT'S EDU (Specify only highest grade		SUAL OCCUPATION 16	b. KIND OF BUSINESS/INOUS	DIACK
Elementary/Secondary (0-12)	College (1-4 or 5+)	k done during most of working retired.)	unkn	01110
17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S NAME (First,	Middle, Malden Surname)	
Ur	nknown	Lillie M	lae Fenwio	ck Thomas
190. INFORMANT'S NAME (Type/Print) Shirley Ger		DORESS (Street and Number or Rural Route Num	nber, City or Town, State, Zip Co	ode) 21217
20e. METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ram	20h PLACE AND DATE OF		TE 20c. LOCATION — CIT	y or Town, Stata
4 Donetion 5 Other (Specify)	metro	Crematory11	47 DOLIT	more
> / CI AA PL	M Chellano	22. NAME AND ADDRESS OF FACILITY 3405 W. Frankl	vency mi	wallace fire in
iMMEDIATE CAUSE (Final disease or condition	complications that caused the death. Do not List only one cause on each line.  a. NARCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF):	anter tha moda of dying, auch as car	rdiac or raapiratory arrea	t, Approximata Interval Between Onset and Death
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.			
PART ii. Other algolficant condition	na contributing to death but not resulting in	tha underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			NEVES 2   NO	COMPLETION OF CAUSE OF DEATH?
				1 OYES 2 NO
	RIBUTE TO CAUSE OF DEATH YES			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		(Check only one)		
XXYES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outpetient 3 ODA 4	☐ Nursing Nome 5 XResidence 8 ☐ Oth		
1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF OUNTSURE 11-20-94 FOUND 7:DD A		SCRIBE HOW INJURY OCCU!	RED
3 Suicide © Could not be	28e. PLACE OF INJURY — At home, ferm, stre- building, etc. (Specify)	pet, factory, office 281, LO	CATION (Street and Number or or Town, State) 114 CA	Rural Route Number, RSON COURT
en- offeriren	HOME	BALT	IMORE, MD.	
(Check only	ICIAN: To the best of my knowledge, death occurred ER: On the besis of examination and/or investigation,			
29b. SIGNATURE AND TITLE OF CERTIFIES	· 10/1/1	29c. LICENSE NUMBER O.C.M.E		GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Pr		PNOV	20,1994
Ourid R F			ma Manuala	
13000100	A CHARLES THE PENN	Street, Baltimo	re, maryıa	ind 21201

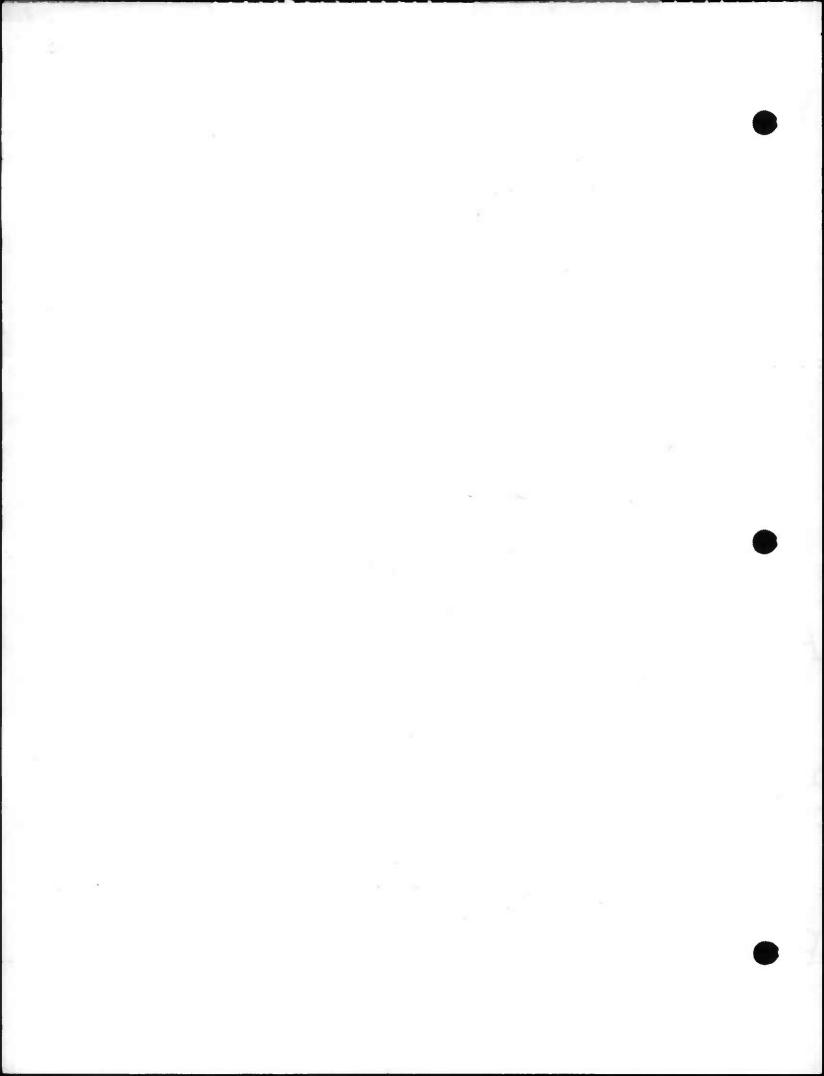
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float. Float death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

Per F/H
FOR
STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	THOMAS		FO	X		NOV. 18	_	YEAR 1994	11.4.EDM M
8	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7 DATE OF BUSTIN	)		11:45PM M  HPLACE (State or Foreign
1 3	420 20 5473		6.9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-7-25		Countr	(Yr)
	9e. FACILITY NAME (If not institution, give street en	**	0,7	Ob CITY TOWN	OR LOCATION OF OE			Unki	nown
ا <u>م</u>			4 - 1			ATH			
일	Prince George (	co Hospi	tai	_ Cr	never1y		Pri	nce	Geo Co
E	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAT	TION				10d. INSIDE CITY
DIRECTOR	Maryland Prince	e George	Co	Clinto	n				LIMITS?
	10e. STREET AND NUMBER		001		ZIP COOE		10g CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	9211 Stewart La	2 1 0			20735		100.011	LEIT OF T	MILIT COOKITITY
Ž.		WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DEC		IIC ORIGIN? (Specify Yes	or No. I	14 0401	E — American Indian.
	1 Never Married 2 Merried	FORCES? 15 YES	2 NO	If yes, sp	ecify Cuben, Mexice	n, Puerto Rican, etc.)	OF 140—	Biaci	k, White, atc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAR ON I	DATES	1 U YES	2 NO Specify	r:		Speci	Mhite
요	15. DECEDENT'S EDUCATION	N	16e. DECEOENT'S	S USUAL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INC	DUSTRY	
	(Specify only highest grade compliance (Specify only highest grade compliance)  Elementary/Secondary (0-12)  Col	leted)	(Give kind of	work done during mo use retired.)	st of working				
립	Unknown		Unkn	Otto		Unkno	F T = 2		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OHAT	OWII	18. MOTHER'S NAI	ME (First, Middle, Maiden			
	Unknown					nown	,		
BE	19e. INFORMANT'S NAME (Type/Print)		196, MAILIN	G AOORESS (Street o		TOWTI  Boute Number, City or Town	n State Zin	n Codel	
일	(Atty) Milton McIve	er	8700	Central	Ave Sui	te 303A La	ndove	er, l	MD. 20785
	200, METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION (Na	me of	OATE 20c. LO	CATION —	City or To	own. State
	1 Buriel 2 Cremetion 3 Removal for Donetion 5 Other (Specify)	tate rem	metery, cremetory or	Veterar	s Cemete	ry Che	lten		3.000
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EBonald	Wade, Di	r 22. NAME AN	ID ADORESS OF FAC	State			
	Annal All	200	,			ore St,Ba			
	23. PA T I. Enter the diseasea, or compl	lications that cause	ed the death. Do					-	
	shock, or heert failure. List of	only one ceuse on	each line.	not enter tha mo	de of dying, aucr	a a cerdiec or reapi	ratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	COD	TIC	EMI	A.				Onset and Death
	resulting in death)	DUE TO COPIAS	A CONSEQUENCE	Chilly	1				
_	_	RECI	01 QA	ROVI	EA	LAURE			i
CERTIFICATION	Sequentially liet conditions, b.	DUE TO (OR AS	A CONSEQUENCE O	PE:	1//	Nonce			
¥	If any, leading to immediate cause. Enter UNDERLYING	SFIFE	DE	DARK	INCE	MISN	1,		i 1
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):	4000	11010	1		
ᇤ	resulting in deeth) LAST	ACDIRAS	INOTT	DNE	TIMON	NISN VIA.			
뜅	0.7		1 (4) 0	v					
AL	PART II. Other eignificent conditions con	ntributing to deeth	but not resulting	in the underlying	cause given in	Part I. 24s. WAS AN. PERFOR		24b.	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
DICAL	HOHEOSTON	19 20	3-101	D.	CVH	2 TO 1 THE 2	Dea		COMPLETION OF CAUSE OF GEATH?
WE	DECURE (	JUCE 1	< :(Ve	TIBATO	RDEF	Hawar 1	/	ì	I TYES I DINO.
	DID TOBACCO USE CONTRIBU	ITE TO CAUSE O	OF DEATH Y	ES NO C	UNCERTAIN	וערוםו			MA
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	G.C	26. PLACE OF DEA	ITH (Check only one)					
SI		postlent 2 ER/Out	Ipstient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)			
동		Month, Day, Yeer)	284°. TII		URY AT	28d. OEŞCRIBE HOW IN	NJUNY OCC	CUREO	
ВУ	1 Mitural 5 Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ES 2 NO	/			- 1
	Suitable a Could not be	28e. PLACE OF INJUR	Y — At home, term,	street, tectory, effici		261. LOCATION (Street e	nd Number	or Rural F	Route Number,
1	4 Homicide determined		Jony	~		City or lown, State)			
COMPLETED	290. CERTIFIER 1 SERTIFYING PHYSICIAN:	To the best of my know	wledge, death occur	red at the time, date	end place, end due	to the ceuse(e) end men	ner ee stat	led,	
¥ O	one) 2 MEDICAL EXAMINER: On								e) and manner se stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	XX avo-			29c. LICENSE NUM			E SIGNEO	
ω	86		M		D-30	1525	•	11-	18-04.
임	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DE	EATH (ITEM 27) From	a, Print)	000			1	
	+000-MITCH	EPAIPY	SE RO	AD; #	220	; ROMI	=	- M	W-20716
	NOV 2 8 1994 4	32. REGISTRAR'S SIGN	SHUIR						



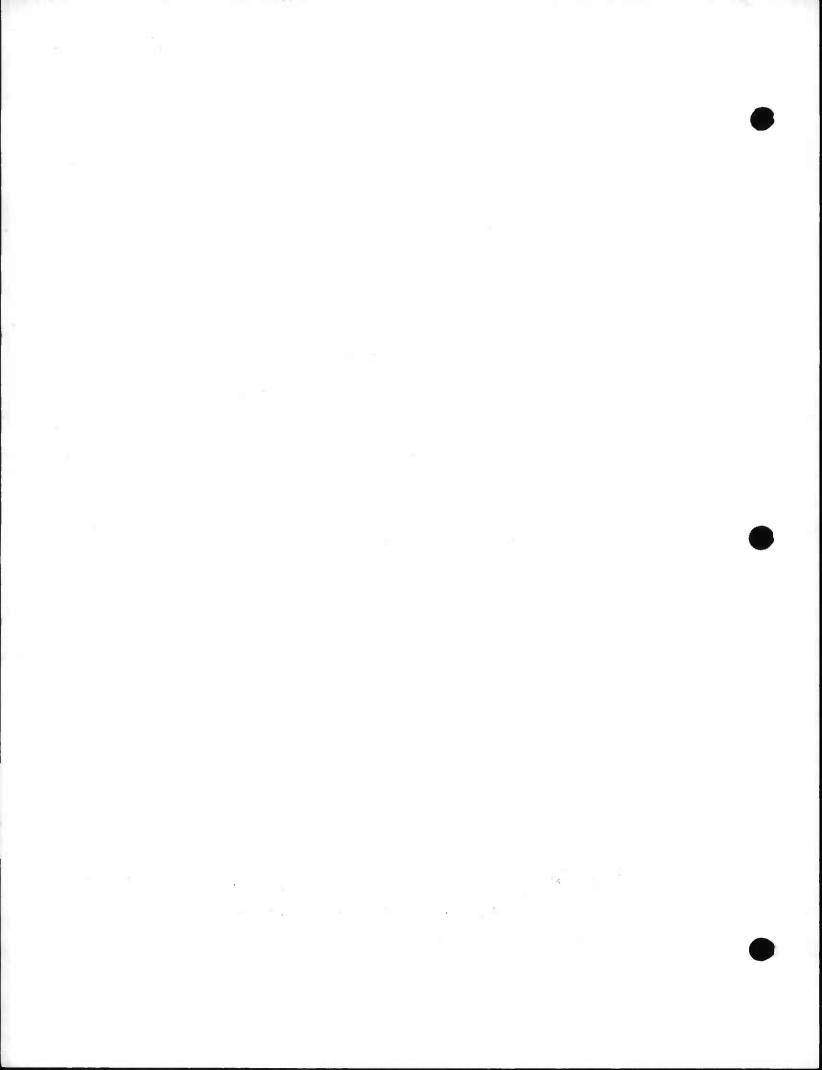
## DRDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and requires after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH	1		3. TIME OF DEATH
	Louis Rober	rt Fick	us				NON		199	YEAR 4	10:30am M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DAT	E OE BIOTH		a DIETH	DI ACE (C)
	219-40-6212	1 🔀 M 2 🗌 F	51	YAS.	MONTHS DAY	S HOURS MIN.	Ma	vth, Day, Year)	1943	Ma 1	ryland
	9e. FACILITY NAME (If not institution, give s	treet and number)		-	9b. CITY, TOV	/N OR LOCATION OF		1 21/		NTY OF D	
Œ l	367 Oberle Av	70		- 1		ssex			-		
띩	RESIDENCE OF DECEDENT	76.			E	imore					
DIRECTOR	10a. STATE 10b. COUNT			10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
	Md. Ba	altimore			E	ssex					LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	IZEN OF W	VHAT COUNTRY?
E	367 Obei	cle Ave.					212	21	U	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF HISPA	ANIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Merried 2 Merried	FORCES? 1 [		0		specify Cuben, Mexic YES 2 NO Spec		Rican, etc.)		Specia	t, White, etc.
ВУ	3 Widowed 4 Divorced	<u> </u>				- I-X W			Į.		,
삗	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(GA	ve kind of w	USUAL OCCUP	ATION most of working	16	b. KIND OF BU	SINESS/INC	DUSTRY	
iu	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	e retired.)		- 1				
₹ P	11th			Pair	nter			Beth :	Stee	1 Sh	nipyard
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First,	Middle, Maiden	Surneme)		
BE	George Fig	kus				Kath	nayn	Roge	ers		
0	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Stre	et and Number or Rura	Route Nur	mber, City or Tow	n, State, Zip	Code)	
- 1	Diane Fickus	3		36	57 Ob	erle Ave	. B	altimo	ore	Md.	21221
	20e. METHOD OF DISPOSITION 1 Burial 2 Scremetion 3 Ram	oval from State	20b. PLACE A cemetery, cren	ND DATE O	F DISPOSITION			TE 20c. LO			
	4 Donation 5 Other (Specify)		Metro	Crer	nator	vInc. 11	/18	/94 Ba	alti	more	e Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF	01			AND ADDRESS OF F					
	*R Tome	1 ( 0	. 11//.	/	Coni	nelly Fu	ner	al Hor	ne O	f Es	ssex
-	23. PART i. Entar tha diseasea, or	amplications that	caused the de-	th Down							1d •Approximate 1
1	shock, or haart fallure.	List only ona cause	on pach line	111111111111111111111111111111111111111	aritar tre	moda or dying, su	CII as Ca	rolac or respi	ratory arr	rest,	intarvai Batween
	iMMEDIATE CAUSE (Final disease or condition	1/2+	0 /	0	n	19 .					Onaet and Daath
-	resulting in daath)	a. ovice	R AS A CONSED	V	10/0	ytheria					
		DOE 10 (0	O O O	UENCE OF	j:						}
8	Sequantially list conditions,	b. DUE TO (C	R AS A CONSEO	HENCE OF							
EA I	if any, leading to immediate cause. Enter UNDERLYING	302 10 10	AB A GONGEO	DENCE OF	,.						
윤	CAUSE (Disease or Injury that initiated events	c. DUE TO (C	R AS A CONSEO	UENCE OF	).						<u> </u>
E	resulting in death) LAST				r:						i 1
CERTIFICATION		d									
DICAL	PART ii. Othar significant condition	s contributing to d	eath but not ra	sulting l	n the underl	/ing causa given is	n Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
5								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä							_				OF DEATH?  1 YES 2 NO
-	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEAT	TH YE	s $\square$ NO	☐ UNCERTA	IN $\square$				1   123 2   110
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	A.		_	H (Check only o		.,	1			
SI	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER:	Iome 5 - Reeldence	. a 🗆 Osb	ner (Connibil			
<u></u>	27. MANNER OF DEATH	28e. DATE OF IN	IJURY	28b. TIME	OF 28c.	INJURY AT	7	SCRIBE HOW I	NJURY OC	CURED	
7	1 Natural 5 Pending	(Month, Day,	Year)	INJU		WORK? YES 2 NO	100				
BÁ	2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE OF	INJURY — At hon	ne, term, at			28f. LO	CATION (Street &	and Number	or Rumi R	oute Number
COMPLETED	4 Homicide 6 Could not be	building, et	c. (Specify)					y or Town, State)			
9	29e. CERTIFIER			A	0/150						
₽ I		CIAN: To the best of m									
8	One) 2 MEDICAL EXAMINE		mination end/or ir	rvestigation	n, in my opinio	n, death occured at th	e time, dat	le and plece, en	d due to th	e ceuse(e)	end menner ee steted.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1				29c. LICENSE NU	JMBER C		29d. DAT	E SIGNED	(Month/Day, Year)
2	110 acce					1)260	155			11/11	7/94
-	30. NAME AND ADDRESS OF PERSON WH					1 -			2 0	100	4
	Dr. Valle	1012	North	Po:	int R	oad Bal	Ltim	ore M	a. 2	122	4
	31. DATE FILED (Month, Day, Year)	22. RECUSTRAS	S SIGNATURE	,							
II.	NOV 2 8 1994	JULY STRUCK	sor Revolut	4							1



BY FUNERAL DIRECTOR

TO BE COMPLETED

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within SM hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

Konni Bringman M.D.

32. REGISTRAR'S SIGNATURE

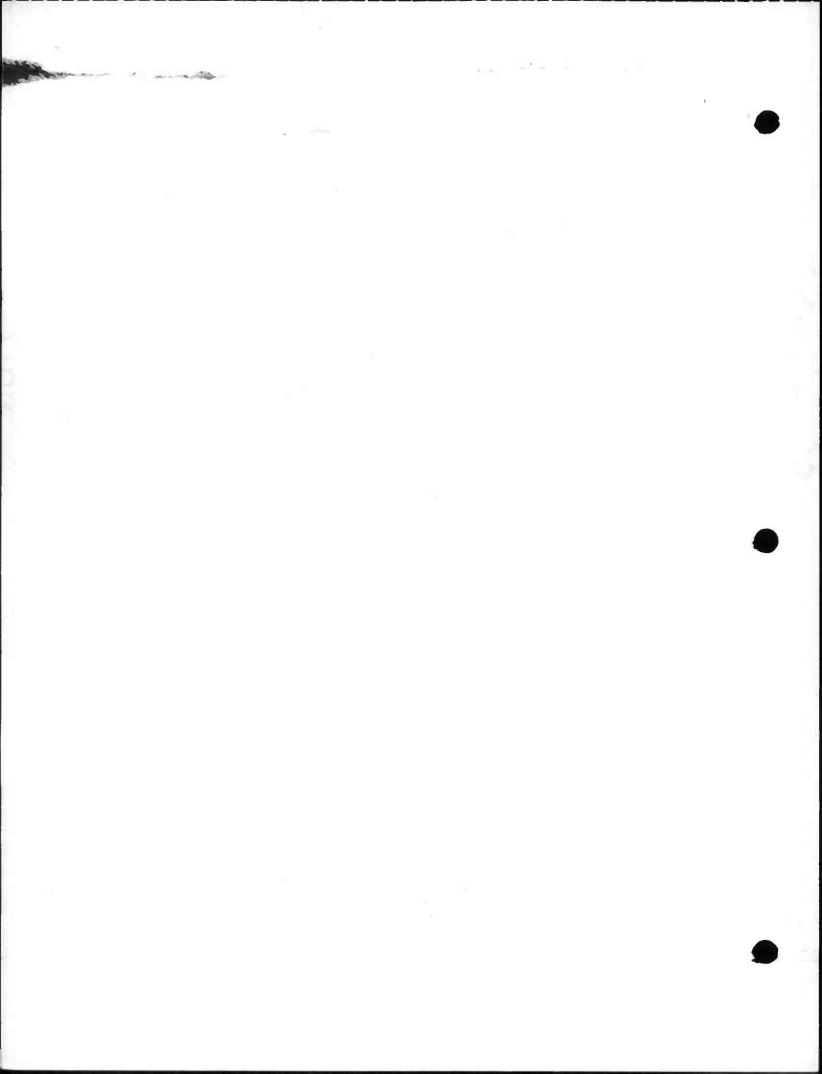
NOV 2 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					AIL.	UF	DEA	I II		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)		· · · · · ·							OF DEATH		WEAR	3. TIME OF DEATH
Lawrence		ee		FIN	IK .	, Re	Sr Sr		NOVE	mber	24.	1994	8:40 a.M
4. SOCIAL SECURITY NUMB	ER	5. SEX	B. AGE (In yrs. last	birthday) #	UNDER 1		IF UNDE		7. DATE	OF BIRTH	7.4.	8. BIRTI	IPLACE (State or Foreign
215-05-5684		1 🔀 M 2 🗌 F	79	YRS.	HTHS	DAYS	HOURS	MIN.	Sept	. 6,1	915	Mary	land
9a. FACILITY NAME (If not in	_	*		91	city,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COL	INTY OF D	PEATH
Franklin Sq		ospital			Balt	timo	re				Rali	rimoi	ce County
RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY, T	0110100						100,1		
Maryland		more Cou	nty	Bal			ION						10d. INSIDE CITY LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBER						101.	ZIP COD	E			10a. CI1	IZEN OF 1	WHAT COUNTRY?
6600 Ridge	Road					2	21237	7			-	S.A.	
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13. W	AS DECI	ENDENT (	OF HISPAN	IIC ORIGIN	(Specify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE W		0				Specify	n, Puerto R y:	Ican, atc.)		Spec	
15, DEC	EDENT'S EDUC	CATION	16a. DEC	EDENT'S US	UAL OC	CUPATIO	N .		16b.	KIND OF BUS	INESS/IN	DUSTRY	<u> </u>
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 +	(Gh	re kind of work Do NOT use re	done du	uring mos	st of worki	ng			////	0001111	
12th Grade				ervis	or				P	ost Oi	Efice	9	
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NAI	ME (First, M	iddle, Maiden	Sumame)		
Edward Hen	ry Fi	nk					Nor	ra N	IMN	Hilde	orand	lt	
19a. INFORMANT'S NAME (7)	/pe/Print)		19b	MAILING AD	DRESS	(Street ar	nd Numbe	r or Rural F	Route Numb	er, City or Town	n, Stete, Zi	p Code)	
Loretta Jes	sica F	<u>in</u> k	10	117 T	ippe	erar	y Ro	ad,	Balt	imore,	Mar	ylar	nd 21234
20a. METHOD OF DISPOSITE 1 ™ Burlet 2 □ Cremetio	ON n 3 🗆 Remo	oval from State	20b. PLACE A Oak La				me of	11/2	DATE 28/94			City or To	
4 ☐ Donetion 5 ☐ Other  21. SIGNATURE OF FUNERAL		FNSFF.	Par La	wii cei			D ADDOS	SS OF FAC		Dali	THIOT	e, I	Maryland
W	_ /	. /	, ,	/	Joh	n C	. Mi	.ller	, In	c.			
Jack	leen	2 m. m	Luysk	y	641	L5 B	elai	r Ro	oad,	Baltin			yland 21206
23. PART I. Enter the di ahock, or he	seases, or c	omplicatione that List only one caus	caused the dea	ath. Do not	enter t	he mod	de of dy	ing, auci	h aa card	ac or reapi	ratory ar	reat,	Approximate intervel Between
IMMEDIATE CAUSE (Fin	el												Onset and Death
disease or condition	<b>+</b> ,	Sepsis											
		DUE TO (	OR AS A CONSEC	UENCE OF):									i 4dave
Sequentially liet conditi	one.	Possible	Drauma										4days
if any, leading to immed								_					4days 4days
COURS Enter LINDEDI VI			DR AS A CONSEO										
CAUSE (Disease or Inju	NG	DUE TO (	DR AS A CONSEO	UENCE OF):									
	ng ry	DUE TO (		UENCE OF):									
CAUSE (Disease or Inju that initiated events	ng ry	DUE TO (	DR AS A CONSEO	UENCE OF):									
CAUSE (Disease or Inju that initiated events	ng ry	DUE TO (	OR AS A CONSEC	UENCE OF):	he und	lerlylng	ceuse	given in	Part I.	24a. WAS AN		24b	4days
CAUSE (Disease or Inju that initiated events reculting in deeth) LAS	ng ry	DUE TO (	OR AS A CONSEC	UENCE OF):	he und	erlying	ceuse (	given in	Part I.	PERFOR	MED?	24b	4 days  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
CAUSE (Disease or Inju that initiated events reculting in deeth) LAS	ng ry	DUE TO (	OR AS A CONSEC	UENCE OF):	he und	erlying	Ceuse (	given in	Part I.		MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS	nt conditions	DUE TO (	DR AS A CONSEO	UENCE OF): UENCE OF): suiting in t						PERFOR	MED?	246	4 days  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS  PART II. Other algnifice  DID TOBACCO U.  25. WAS CASE REFERRED TO	nt conditione	DUE TO (	DR AS A CONSEO	UENCE OF): UENCE OF): suiting in t	N	0 🖸				PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS	nt conditione	DUE TO (	DR AS A CONSEO  DR AS A CONSEO  deeth but not re  JSE OF DEAT  26. PLACE	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  E OF DEATH (	☐ N Check on	O 🖸	UNC	ERTAIN	_   N	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injuthat initiated events reculting in deeth) LAS'  PART II. Other algnifice  DID TOBACCO U	nt conditione	DUE TO (	JSE OF DEAT  26. PLACE  ER/Outpatlant 3  NJURY	UENCE OF):  UENCE	Check on THER: Nursli	O & nly one)	UNC	ERTAIN	N D	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injuthat Initiated events reculting in deeth) LAS	NG ry T T T T T T T T T T T T T T T T T T T	DUE TO (	JSE OF DEAT  26. PLACE  ER/Outpatlant 3  NJURY	UENCE OF):  UENCE OF):  UENCE OF):  E OF DEATH ( DOA 4	Check on THER: Nursli	nly one) ing Home	UNC	CERTAIN	N D	PERFOR  1 YES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAST PART II. Other algnifice  DID TOBACCO UT  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   1	NG ry  T definition of the condition of	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO  JSE OF DEAT  26. PLACE  ER/Outpatlant 3  NJURY ( 'Ver')	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  ODA 4  28b. TIME OF INJURY	Northern 2	nly one) ing Home 28c. INJU WOF t Y	UNC  5  Report At Ak?  ES 2	CERTAIN	6 Other 2ad. DES	PERFOR  1 YES 2  (Specify)  CRIBE HOW II	MED?	CURED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAST PART II. Other algnifice  DID TOBACCO UT  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   1	SE CONTR  D MEDICAL  Pending  pressing at lone	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO  Beeth but not re  JSE OF DEAT  26. PLACI  ER/Outpatlant 3  NJURY ( 'Year)	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  ODA 4  28b. TIME OF INJURY	Northern 2	nly one) ing Home 28c. INJU WOF t Y	UNC  5  Report At Ak?  ES 2	CERTAIN	6 Other 2ad. DES	PERFOR  1 YES 2  (Specify)  CRIBE HOW II	MED?	CURED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injuthat Initiated events reculting in deeth) LAS'  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   1	nt conditions  SE CONTR  D MEDICAL  Pending investigation Could not be betermined	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  DOAL 4 I	Check on THER: Nursli F 2 M ent, tector	ing Home 28c. INJU WOF 1 You	UNC  5  Representation of the service of the servic	ERTAIN seldence	6 Other 28d. DESt	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	MED? NO NJURY OC	CCURED  or or Rural I	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injuthat Initiated events reculting in deeth) LAS  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2X NO  27. MANNER OF DEATH  1 Natural 5   1   2   Accident   3   Suicide   4   Homicide  29a. CERTIFIER (Check only 1   CERTIFICATION   1   CERTIFICATION	nt conditions  SE CONTR  D MEDICAL  Pending investigation Could not be betermined	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  JSEO DE AT A CONSEO  REPLOCATION OF THE CONSEON OF THE CON	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  O O O O O O O O O O O O O O O O O O O	Nursis	ing Home 28c. INJU WOF t Yory, office	UNC  5  Re  RY AT  RK?  ES 2   end plece	CERTAIN  aldence  NO  and due	6 Other 2ad. DEŞt	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	MED? NO NJURY OC	CURED  or Or Rural I	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injuthat Initiated events reculting in deeth) LAS'  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 0 0  2 Accident 0 0  3 Suicide 6 0 0  4 Homicide 6 0 0  29e. CERTIFIER (Check only one) 2 MEDI	nt conditions  SE CONTR  D MEDICAL  Pending investigation Could not be betermined	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  JSEO DE AT A CONSEO  REPLOCATION OF THE CONSEON OF THE CON	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  O O O O O O O O O O O O O O O O O O O	Nursis	ing Home 28c. INJU WOF t Yory, office	UNC  5  Re  JRY AT  RK?  ES 2   end plece  path occur	CERTAIN  aldence  NO  and due	6 Other 2ad. DESt	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	NO NO NJURY OC	or or Rural I	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAST PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   1	SE CONTR  D MEDICAL  Pending mestigation  Could not be betermined	DUE TO ( DUE	DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  DR AS A CONSEO  JSEO DE AT A CONSEO  REPLOCATION OF THE CONSEON OF THE CON	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  O O O O O O O O O O O O O O O O O O O	Nursis	ing Home 28c. INJU WOF t Yory, office	UNC  5  Re  JRY AT  RK?  ES 2   end plece  path occur	ERTAIN  seldence  NO  and due red at the	6 Other 2ad. DESt	PERFOR  1 YES 2  (Specify)  CRIBE HOW II  TION (Street a r Town, State)	NO NO NJURY OC	or or Rural I	4 days  WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

9000 Franklin Square Drive Baltimore, MD 21222





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item#19b,22 Film# G-717 Per F.H. 11/28/94 R.M.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGISN

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
0.00	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH		
	MARY B. GOLIGHTLY								NOVEMBER 24,19		994	5:35 Pm
- 4	100 10 7057	5. SEX 1 ☐ M 2XX F	6. AGE (In yrs. last	IF UNDER			24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) JUL. 5, 1910		8. BIRTH	PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give street end number)			YRS.	05 (17)	TOWN C	0.100171	011 05 05				
E C					96. CITY, TOWN OR LOCATION OF DEATH  BALITMORE CITY  90. COUNTY OF  1/ a						EATH	
5	THE JOHNS HOPKINS RESIDENCE OF DECEDENT  100. STATE  100. COUNTY		DALITHORE CITY									
DIRECTOR	MARYLAND n/a			10c, CITY, TOWN OR LOCATION BALTIMORE				V			10d. INSIDE CITY Y.Y.LIMITS?	
	10e. STREET AND NUMBER				101, ZIP CODE				10g. CITIZEN OF			YNAT COUNTRY?
BY FUNERAL	824 WILBURT AVENUE				21212					UNI		STATES
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 YES 1 FYES, GIVE WAR OR DATES			MED O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.)  1 ☐ YES 2 ★NO Specify:					or No	14. RACE Black Specifi	— Americen Indien, c, White, etc.
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	EDENT'S USUAL OCCUPATION  e kind of work done during most of working					16b. KIND OF BUSINESS/INDUST			BENOR		
	Elementary/Secondary (0-12) College (1-4 or 5 +)				Do NOT use retired.)							
COMPLETED	10 TH - NURSE PRIVATED UT									- D U I Y		
BE CC	17. FATHER'S NAME (First, Middle, Last)  ALBERT MC CALEB  18. MOTHER'S NAME (First, Middle, Maiden Surname)  FLORENCE MOORE											
10	190. INFORMANT'S NAME (Type/Print)  ARTHUR GOLIGHTLY  191. MAILING ADDRESS (Street AVENUE BALTIMORE, MD 21212									1212		
	20e. METHOD OF DISPOSITION  1 Structed 2 Cremation 3 Removal from State  4 Denotion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cempetery, cremation place)  Competery, cremation of cempetery, cremation place)  Competery, cremation of cempetery, cremation place)  Competery, cremation of cempetery, cremation place)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY											
WM. C. MARCH FH1101											CRTC	AVENUE
	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feliure. Liet only one cause on each line.  Approximate Interval Between											
	IMMEDIATE CAUSE (Fine)									Onset and Death		
	resulting in death)  a. OUGESTIVE HEART FAILURE  DUE TO (OR AS A CONSCOURNCE OF):										10mos	
Z	a. CONGESTIVE HEART FAILURE 10mgs  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  a. CONGRAPY ARTERY DISEASE 30YRS											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING											
띮	CAUSE (Disease Dr Injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
FFI	resulting in deeth) LAST											
	PART ii. Other eignificent conditione	contributing to	deeth but not re	euiting	in the ur	nderiying	cause g	iven in I	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? 1 YES 2 NO									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	0F									1 YES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
PHYSICIAN:		OSPITAL:	ER/Outpatient 3		OTHE	R:						
Ä	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY	28b. TIM		28c. INJ		sidence	8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation		М	1 🗌 Y	'ES 2 [	NO						
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home building, atc. (Specify)				e, farm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
<u>F</u>	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated.											
SON	one) 2 MEDICAL EXAMINER: On the beete of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON WHO	A		(ITEM 27) (Typo, Print) AD GOON. WOLFE ST BALT MD 21205								
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												2 51502
	11/24/94 NOV	281994	Jaha	diw	than I	artal	4					

rours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** UTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPIT TO THE FUNCE De filed with in IMPORTAL TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA			MENTAL	HYGIEN	E		
1. Decedent's NAME (First, Middle, Last) Evelyn Sarah	Gatewood					OF DEATH 25, 14	994 Y	EAR	3. TIME OF DEATH
5120	□ M 2XX 82	YRS. MON	UNDER 1 YEAR ITHS DAYS	F UNDER 24 HRS. HOURS MIN.	Mar	DE BIRTH Day, Year)		Country	aryland
Alice Manor Nur				imore	EAIN		96. COONTY	OF DI	EATH
Maryland 106. COUNTY			altimo						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 3605 Keystone A	Avenue		101	21211				S.	/HAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	€ NO	13. WAS DEC	ENDENT OF HISPAI ecify Cubert, Mexico 2 XNO Specifi	in, Puerto A	? (Specify Yes licen, etc.)		RACE	— Americen Indian, , White, etc.
	ON 16a oblege (1-4 or 5 +)	Give kind of work life. Do NOT use ret	done during mo ired.)	st of working		KIND OF BUS		rry	
17. FATHER'S NAME (First, Middle, Last)		Assemb]	Ly Woj	18. MOTHER'S NA		Text	Sumeme)	Mi	
Aquilla J.  190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street e	Aman	Route Numb	er. City or Town	. State. Zip Co	de)	Colloh 21211
Virginia Daile	20b PL4	2052		<u>-</u> -	Dri	7	altimo	_	e,Márýland
1 Pauriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	from State cemetery	, crematory or other p	Park (		v11/				, Maryland
> Kegnon l.	June He	nss)	Burg 3631	gee-Hen Falls	ss F Roa	d.Bal	timo	re.	
23. PART I. Enter the diseases, or complications that caused the daeth. Do not antar the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent conditions co	ontributing to deeth but n	ot resulting in th	e underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
DID TOBACCO USE CONTRIB		PLACE OF DEATH (C		UNCERTAIL	V 🗆				
EXAMINER?	OSPITAL: Inpatient 2 ER/Outpatier	ОТ	HEB.	e 5 🗆 Reeldenca	8 🗆 Other	(Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT RK? 'ES 2 NO	28d. DE\$6	CRIBE HOW IN	JURY OCCUR	ED	
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, atreet	, tactory, office	1		TION (Street ear Town, State)	nd Number or F	Rural A	oute Number,
	t: To the best of my knowledge							euse(a)	and menner ee atated.
296. SIGNATURE AND ATTLE OF CENTIFIER	Diam	-		29c. LICENSE NUM	ABER 076	,	29d. DATE SI	GNED .	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	ompleted cause of death	3730 F	ils Ro	L. Balt	imere	, MD	, 212	11	
NOV 2 8 1994	REGISTRARY SIGNATURE	E							

0
9
7
~
98
9
~
$\circ$
=
10
0
~
۵.
4
S
0
$\alpha$
$\overline{}$
$\circ$
()
ш
00
_
AL
-
_
>
ш
0
_
7
0
_
S
=-
>
-

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
US WITHIN T. HOURS SHEEL GOOD BY DOUGH TO CHARGING WITH SHEET HIND HOURS, CHEMIST, CHEMISTON, OF TERMINAL SHEET SH	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	. 0							2. DATE D	F DEATH		1.50	3. TIME OF DEATH
	Michar	d 6	reen	R					NO	12	31	aal	5:40pm
	4. SOCIAL SECURITY NUMBER	. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER			R 24 HRS.	7. DATE O			8. BIRTH	PLACE (State or Foreign
	212-16-3783	12€ M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		/21		Countr	"District
	9a. FACILITY NAME (If not institution, give s	treet and number)	,		9b. CITY	TOWN C	R LOCATI	ON OF DE		121	9c. COL	INTY OF D	
OR	Sinai He	OSDITI	a /		-	13a	11	im	ore	_			
ב	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	7											
DIRECTOR		r			r, town c		4.2440						10d. INSIDE CITY LIMITS?
-	Maryland 10e. STREET AND NUMBER			l E	alt								1 X YES 2 ND
HA						101	. ZIP COD				10g. CIT	IZEN DF V	VHAT COUNTRY?
FUNERAL	3416 Holmes Av	12. WAS DECEDEN	T FILED IN ILO A					2121				US	
	1 Never Married 2 Married	FDRCES? 1	X YES 2	ND		i yea, spe	ecity Cubi	in, Maxica	NIC ORIGIN? In, Puerlo Ric	(Specify Yea an, etc.)	or No—	14. RACE Black	— American Indian, c, White, atc.
В	3 Widowed 4 Divorced	3/6/43		/46		YES	2 NO	Specify	λ.			Speci	Black
ED	15. DECEDENT'S EDU	CATION	18a. DI	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. K	IND OF BUS	SINESS/IN	DUSTRY	DIUCK
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	lite	ive kind of v . Do NOT us	vork done ( e retired.)	during mo	st of worki	ng	U	.s.	Gove	ernm	ent.
AP.	12th	2	Ph	otog	rap	her							-110
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			<del></del>			18. MOT	HER'S NA	ME (First, Mic	ldle, Maiden	Sumame)		
ш	Richard Green	e					Ma	arv	Fran	cis			
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a			Route Number		n, State, Zi	p Code)	
F	Ann Greene			3416	Но	1me	s A	zenu	e B	alto	N	(D)	21217
	20a. METHOD OF DISPOSITION  © Burlai 2 Cremation 3 Rem	oval imm State	20b. PLACE	ANDDATEC	F DISPOS	ITION (Na	me of 1	/30	DATE			City or To	wn, State
	4 Donation 5 Other (Specify)		Garr	ison						Owi	nas	Mi1	1s, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMBEE	1		22.	NAME AN	D ADDRE	SS OF FA	CILITY				
	* KIN MIL	Nu	10-11		11.	500	T TE	וע . שמים	FIT	& 5U.	N F(	INER.	AL HOME E 21207
	23. PART I. Piner the diseases, or o	complications that	oweed the da	ath. Do n	pt anter	tha mo-	de Df dy	Ing, auc	h as cardia	c or respi	ratory ar	rest.	Approximata
	ahock, or heart fature.	Liat only ona cau	each line	ð.							ĺ		interval Between Onset and Death
		end	Sta no		20	2110	~~~	1 4					Original and Death
	resulting in death)	a. end	OR AS A CONSE	DUENCE OF	):	190	seri	100					
z	Chamber of the Control	b.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	DR AS A CONSE	DUENCE DE	):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.											
E	that initiated events resulting in death) LAST	DUE TO	(DR AS A CDNSE	DUENCE DE	):								
<b>H</b>	resoluting in deathly Exist	d											
	PART II. Other aignificant condition	s contributing to	death but not	reaulting i	n the un	derlying	cauae	given in	Part i. 2	4s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL			pacter							PERFDR		-	AVAILABLE PRIOR TO COMPLETION DF CAUSE
			aq cres	ш					- 1	YES 2	ND		OF DEATH?
Σ	DID TOBACCO USE O	CONTRIBUTE	TO CAU	SE OF	DEAT	нү	ES [	I NO					1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			-					eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			8 Other (				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE DF	INJURY	28b. TIMI	DF	28c. INJ		argence	28d. DESCI		NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ly, Year)	INJ	URY		RK?	¬ NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE DE	F INJURY — At he	me, łarm, s	traet, lact	ory, office			281. LOCAT	DN (Street a	nd Numbe	r or Rural R	oute Number,
Ë	4 Homicide determined	bullaing, a	nic. (Specify)						City or	Town, State)			
۳	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the heat of	my knowledge de	eth coours	d of the st								
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: Dn the basis of ax	amination and/or	Investigation	n, in my o	me, cana pinion, de	and place	, end dua	time, data as	(a) and men	ner aa ata d dua lo li	ted.	and manner as stated
	296, SIGN TURE AND TITLE OF CERTIFIER			-						- p.a.ou, dir			
出	( San 20 11 )	15012	0	nh			AC. LICI	11L	AREK	11	29d. DAT	E SIGNED	(Month Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUS	E DE DEATH OTE	P743 M 27) (7/pe,	Print	n	1130	770	XZXI	7/1	-	11/2	2/44
	Charalle I	Reddick	1 1	arj (1700)	<	Sino	4	L.	-49	410		•	,
										-			
	31. DATE FILED (Month, Day, Sher) 4	32. REGISTRAI	RIS SIGNATURE!	12	_	4110		165	pria				



SAME THE SECOND where the course with Transport man and a Mark day the

BALTIMORE, MARYLAND 21215-0020

4
Br.
0
BOX 68760
9
00
10
4
~
0
$\circ$
00
•••
OF VITAL RECORDS, P.O. I
0
0
Ω
-
CO
-
-
Œ
_
$\mathbf{c}$
-
U
141
C
_
a
-
_
-
-
11
-
0
<b>U</b>
_
Z
~
IVISION
=
10
U
>
0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

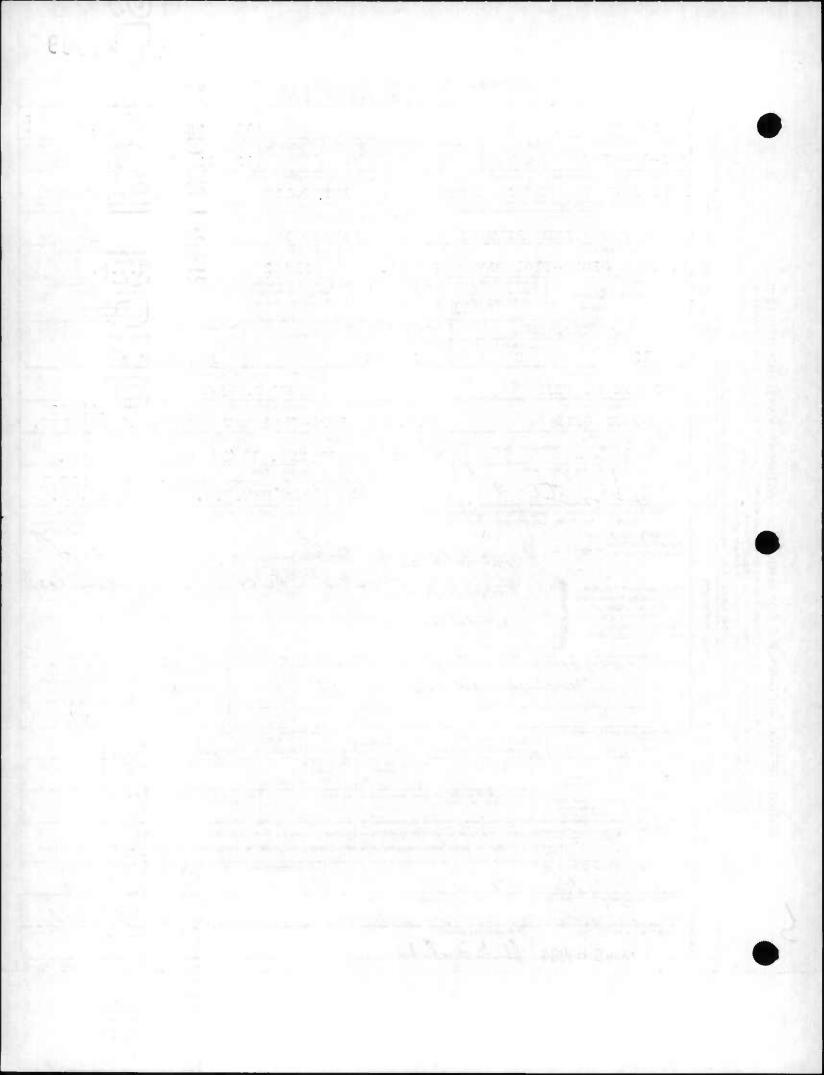
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 · STATE REGISTRAR	CE		ICATE OF		***************************************	REG. NO	_				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATN	AY		3. TIME OF DEATH	a	
ARTHUR J. GI	LL				111	25		4	4:56	M	
4. SOCIAL SECURITY NUMBER 5. SEX 1 2 M 2	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)	P BIRTH Day, Year) 22	24	Count	IPLACE (State or Foreign) ISSOURI	n	
9a. FACILITY NAME (if not institution, give street end num ANNE ARUNDEL MEDICA RESIDENCE OF DECEDENT			9b. CITY, TOWN O	APOLIS		132		UNTY OF D	ARUNDEI	,	
ANNE ARUNDEL MEDICA RESIDENCE OF DECEDENT 100. STATE MARYLAND ANNE AF	PIINDET	10c. CIT	Y, TOWN OR LOCAT	POLIS					10d. INSIDE CITY LIMITS?		
	ONDEL			ZIP CODE			100 CI	TIZEN OF V	1 XYES 2 NO	,	
100. STREET AND NUMBER P.O.BOX #3028-7101 11. MARITAL STATUS 12. WAS DEPORTED. 1 Note: Married XX Married				21403				U.S.	.A.		
3 Widowed 4 Divorced	ECEDENT EVER IN U.S. AR S? 1 X YES 2 N GIVE WAR OR DATES WW II	MED 10	13. WAS DEC	ENDENT OF NISP. City Cuben, Mexic XXXNO Spec	an, Puerto Ric	(Specify Years, atc.)	or No	Spec	E — American Indian, k, White, etc. Hy: HTTE		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Ge	CEDENT'S ive kind of v	USUAL OCCUPATION Work done during mos	N at of working	16b. K	IND OF BU	SINESS/IN				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  0  17. FATHER'S NAME (First, Middle, Last)	-4 or 5+)	ALES	The second second			ADVE	ERTI	ZINC	3		
FRANCIS M. GILL  190. INFORMANT'S NAME (Type/Print)				MARY						_	
PATRICIA GILL	P.	O.B	OX #302	18-710	Floute Number, City or Town, State, Zip CodeMD.  BAY FRONT DR.ANN				D.21403 NNA POLTS	· ·	
20e. METNOD QF_DISPOSITION 1	20b. PLACE	AND DATE	OF DISPOSITION (Na.	me of	DATE						
21. SIGNATURE OF FUNERAL SERVICE-LICENSEE	0	O CR	22. NAME AN	D ADDRESS OF F	ACILITY				ME 21061		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in							24b	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
ž									N/A		
EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSPITAL: 26. PLACE OF DEATN (Check only one)										
	Inpetient 2							CCURED			
200 1	2   Accident   28e. PLACE OF INJURY - A1 home, farm, street, factory, office   281. LOCATION (Street end Number or Rural Route Number, City or Teven State)								18		
3 Suicide 6 Could not be determined  4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bit									e) end manner ee state	ıd.	
299. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITE	> M 27) (Туре,	Print)	29c. LICENSE N	197		29d, DA	TE SIGNED	(Morel One Mar)		
K. I. Hochman	W / /-	167	Murray	due	Ann	ZN	lis	net	2149		
NOV 2 8 1994 July	in Mender Ra	dill				,					



-
~
68760
9
-
œ
9
~
BOX
m
-
-
0
•
4
S
Co
=
ш.
0
~
RECOR
ш
Œ
_
-
Ø
_
_
>
-
LL.
0
_
7
=
U
-
(J)
_
$\overline{a}$

TO THE HOSPITAL OR ATTENDING PRYSICIAN: THE 3W (EQUIPES THAT THE DESTINCTIVE OF EXECUTED WITHIN 1.1 TYVIS ARE HOSPITAL OR ATTENDING PRYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
2	101	De fi	IMP	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR_		STATE OF	MARYLAND /	DEPAR	RTMENT OF	HFALTH	AND	MENTAL HYGIEN	F			
1 - STATE REGISTRAR  1. DECEDENT'S NAM	E (First, Middle, Last)				ICATE O			REG. NO.  2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH	
LKEI	UE	HEISE				,		11 24	(	94	1-AI	
4. SOCIAL SECURITY	N. 500.000	5. SEX	6. AGE (in yrs. les		MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Counti		
212-01-		1 M 2 XF	104	YRS.				10/29/		-		
9a. FACILITY NAME					9b. CITY, TOW		ION OF DI	EATH		UNTY OF D		
Meridia RESIDENCE OF		ng Home			Brool	clyn			Anı	ne A	rundel	
Meridia RESIDENCE OI 10a. STATE Marylan 10a. STREET AND NI 1819 Pa 11. MARITAL STATUS	10b. COUNT	ТҮ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
Marylan		timore		H	aletho						1 TES 2 NO	
100. STREET AND N	IMBER					IOI. ZIP COD	E		10g. CI	TIZEN OF V	VHAT COUNTRY?	
1819 Pa	rk Aven	ue	_			2122	2.7			IIS	Α	
11. MARITAL STATUS	1 11 22 22 23	12. WAS DECEDE	NT EVER IN U.S. AR					NIC ORIGIN? (Specify Yes	or No-		E — American Indian, k, White, etc.	
1 X Never Married 3 Wildowed 4		IF YES, GIVE	WAR OR DATES	40		ES 2X NO		an, Puerto Rican, atc.) y:			ecify:	
	15. DECEDENT'S EDI	UCATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/II			
Elementary/Second 0-6th 17. FATHER'S NAME	icity only highest grad		(G	ive kind of Do NOT u	work done during	most of worki	ing					
0-6th	idary (0-12)	College (1-4 or 5		okee	ner			taba	200	_		
17. FATHER'S NAME	(First, Middle, Last)		1000	JACC	рст	18. MOT	HER'S NA	AME (First, Middle, Maiden	-			
		50				10						
Charles 19a, INFORMANT'S N		36	140	b 14 0 0 101/	ADDRESS (Cha.	4 and 46 mbs		garet Kra				
Dorothy			100		S. C. State In S. S. S.				-		0100=	
20a. METHOD OF DI	-				Park E OF DISPOSITION		iue			MQ.		
1 X Burial 2 C	remation 3 🗆 Res	moval from Stata	of cometany	cremetor	v or other place)							
4 Donation 5 D		IOCHICE	Loude	on P	ark Ce	Mete	ry	11/28/94	Ba	alti	more.Md.	
21. SIGNATURE OF P	UNEHAL SERVICE L	JCENSEE		0	100000000000000000000000000000000000000			neral Ho		T m a		
	P =	7 ( >	-	6.				ur Sprine			21227	
23. PART I. Enter	the diseasee, or	complications th	at ceused the de	ath. Do	not enter the i	node of dy	ing, suc	ch as cardiec or reep	Iratory e	rreat,	Approximate	
IMMEDIATE CAUS disease or condi- resulting in deati	SE (Finel	e. Liet only one ce	O (OR AS A CONSE	car	him,	an	high	troin		1	Interval Between Onset and Death	
Sequentially list if any, leeding to cause. Enter UNI CAUSE (Discesse that initiated everesulting in deet	Immediate DERLYING or injury nts	b. SHE TO	OR AS A CONSE	OUENCE C	or:	nia				1	hous)	
DARGE H. CALL	gnificant condition	ons contributing t	o death but not	resulting	in the underly	ing ceuse	given in			Y 24	. WERE AUTOPSY FINDINGS	
25. WAS CASE REFE EXAMINER?  1 YES 2 THE CONTROL OF DEATH	chali	jasula	n de	00	se.			PERFOI	_		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ž												
25. WAS CASE REFE EXAMINER?	HHED TO MEDICAL	HOSPITAL:			OTHER:	PLACE OF	DEATH (C	heck only one)	_			
1 TES 2 1			☐ ER/Outpatient 3	DOA		ome 5 🗆 F	Rasidence	6 Other (Specify)				
27. MANNER OF DEA		28a. DATE C (Month,	F INJURY Day, Year)	26b. TII	ME OF 28c.	INJURY AT		28d. DESCRIBE HOW	INJURY C	CCURED		
	5 Pending Investigation					YES 2	□ NO			4.7	Service of	
2   Accident 3   Sulcide 4   Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the						ber or Rural	Route Number,					
29a. CERTIFIER (Check only								e to the cause(a) and ma				
O one) 2	MEDICAL EXAMI	NER: On the basis of	examination and/or	Investigat	ion, in my opinio	, death occ	ured at the	e time, data and place, a	nd due to	the cause(	a) and manner as stated.	
29b. SIGNATURE AN	D TITLE OF CERT	児 11				29c. LIC	CENSE NU	IMBER	29d. D	ATE SIGNE	D (Month, Day, Year)	
m   C.	Q. X	bus 87	in D.			11)	791	767	1	1-2	4-94	
30. NAME AND ADD	NESS OF TERSON	VHO COMPLETED CA	USE OF DEATH UT	M 27) (Typ	o, Mint) Je	rry	7- 1	SAGreek	11.	D -		

CI grand of the same The state of the s

0	
_	
CVI	
02	4
_	
0	7
<u> </u>	
ည်	3
-	
-	- 1
CA	
-	
-	
C/I	-
D 2121	Daniel Comment of the section of the
$\circ$	-
Ā	-
_	- 4
LA	
Q	- 1
	- 1
_	
~	1
MARYL	-
000	3
Series .	- 1
A	- 3
-	- 5
-	- 7
	- 1
11/4	
	3
ш	
-	1
00	- 1
2000	
MOR	
$\mathbf{\mathcal{O}}$	*
1	-
2	- 5
=	A
_	-
LTIN	
1	4
_	Č
-	- 4
BA	Daniel after death
m	1
444	1
	4
	1
	- 2
	-
	- 4
_	_
	-
0	-1
9	- 3
9	-
~	3
00	÷
w	5
(Q)	3
_	- 3
-	ć
_	
BOX	thing both pages of add
0	-
m	3

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITA TO THE RUN AND THE RING WITH A

OHE WIRE PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.

OHE WIRE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH A	ND MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	ERNEST H	Н. Н	ANHART		NOVEMBER	26.1994	12:50 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign	
	213-09-3288		84 YRS.	NTHS DAYS HOURS	Mar. 23,		N.J.	
_	9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION		9c. COUNTY OF		
DIRECTOR	GREATER BALTIMORE	MEDICAL CEN'	TER	TOWSON		BALTIN	10RE	
입	10a, STATE 10b, COUNT	Υ	IOc. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY	
듬	Md. Balt	imore		Cockeysvill			LIMITS?	
AP.	10e. STREET AND NUMBER	ZIMOI C		101. ZIP CODE	<u> </u>	10g. CITIZEN OF	WHAT COUNTRY?	
EH	13801 York Rd.			21030		U.S.A	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		HISPANIC ORIGIN? (Specify ) Maxican, Puarto Rican, etc.)	res or No.— 14. RAC	CE — American Indian, ck, White, stc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES 2 X NO			oothy:	
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S USI	IAL OCCUPATION	THE PRINT OF R	USINESS/INDUSTRY	White	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		done during most of working	ISO. KIND OF B	USINESS/INDUSTRY		
IP.	Control y Secondary (S-12)	4	-Professi	onal Mech.	Eng. Self	Employed	a l	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First, Middle, Malde			
BE	Ernest	Hanha	rt	Jose	phine	Lá	aub	
6	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or	Rural Route Number, City or R	own, State, Zip Code)		
	Mrs. Anna May Har	hart	13801 Y	ork Rd. Coc	keysville, M			
	20a. METHOD OF DISPOSITION  1  Burlel 2X Cremation 3 Ran	noval from Stala CON	PLACE AND DATE OF D netery, cremetory or other	plece)		LOCATION — City or 1		
	4 Donation 5 Other (Specify)	CENSEE H.	illtop Ser	Vice Corp.	11/28/94 To	wson, Md.	•	
	2/ //	DUD			Funeral Hom	e Inc.		
	Course !	2	,	1050 York R	d. Towson, M	id. 21204		
	23. PART I. Enter the diseesea, or ahock, or heart failure.	List only one cause on e	the death. Do not ach line.	enter the mode of dying	, auch ae cardiac or rea	piratory erreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Premo	MO				Onset and Death	
	resulting in death)	e. DUE TO (OR AS A	147					
-	_	Chrone Obstruction Ling Disson						
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	c						
	thet initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Constitution of the control of the c	d						
AL	PART II. Other algnificent condition	ne contributing to death b	ut not reculting in t	ne underlying cause giv			b. WERE AUTOPSY FINDINGS	
5					I YES	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDIC							1 YES 2 NO	
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH YES	NO 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PLACE OF DEA	TH (Check only one)			
17S	1 YES 2 ACNO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp 28a, DATE OF INJURY	etlent 3 DOA 4	Nursing Home 5 - Reak				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M I YES 2 I	28d. DESCRIBE HOW	/ INJURY OCCURED		
B	2 Accident Investigation 3 Suicide . Could not be	26a. PLACE OF INJURY	— Al home, farm, stree			at and Number or Rural	Route Number	
B	4 Homicide 8 Could not be	building, atc. (Spec	city)		City or Town, Sta	te)		
7	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred a	the time data and place as	nd due to the cause/s) and m	anner es eteled		
COMPL		ER: On the basis of examination					(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				SE NUMBER		D (Month, Day, Year)	
BE O	Wast law	(M)		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	52		25.9	
2	30. NAME AND ADDRESS OF PERSON WE COME	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Types Pris	sermed K	D, Phoons	M) Z	21131	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	NOV2 8 1994 A	ilia Davolson Ravo	lall					

BY FUNERAL DIRECTOR

BE COMPLETED

COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BE

2

CAUSE (Disease or Injury that initiated events

reaulting in death) LAST

1 🔀 Natural

2 Accident

3 Sulcide

4 Homicide

8	+	1	1

								94	3	4812			
1 - FOR STATE REGISTRAR	STATE OF MAI			MENT OF			MENTAL HYGIEN REG. NO.	E					
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH			
Robert Gl	enn	НО	SELR	ODE			November		1994	5:08	DW		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	77	IF UNDER 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH		S. BIRTHI	PLACE (State or Fore	ign		
214 07 5815	1 🕱 M 2 🗆 F	80	YRS.	MONTHS DAYS	HOURS	MIN.	June 12	1914	Penr	nsylvania	ì		
9e. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOW	OR LOCAT	ION OF DI	EATH	9c. COU	INTY OF DE	EATH			
Franklin Square	Hespital			Rose	dale			Balt	imor	e County			
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT								Bull	I				
100.000111	ltimore			town on Loc		1				10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER	202010		-							1 YES 2 200	0		
	a a				or. ZIP COD			10g. CIT		NAT COUNTRY?			
5 Honeycomb Ro						.220		U.S.A.					
11. MARITAL STATUS  1 Never Married APC Married	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2005 2 NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes o If yes, specify Cuban, Maxican, Puerto Rican, atc.)				or No— 14. RACE — American Indian, Black, While, atc.		
3 Widowed 4 Divorced			S 2 1 NO				Specifi						
15. DECEDENT'S EDU	CATION	40.000	EDENTIO II	SUAL OCCUPA						LUE			
(Specify only highest grade	completed)	(Gh	e kind of wo Do NOT use	rk done durina	nost of work	ing	16b. KIND OF BUS	HNESS/IN	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)		achin				Arre	o Sp	200				
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	_	ace				
Wesley Hoss	elrode				111111111111111111111111111111111111111	Kat		oumamoj					
19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	ADORESS (Stree	and Numbe		Route Number, City or Town	State 7i	in Code)		_		
Marie E. Hosselr	ode (Wife						ltimore, M			2220			
	(1)	<del></del>		DISPOSITION		2000			City or Toy				
20a METHOD OF DISPOSITION  1 Burlel Cremation 3 Rem  4 Departion Department	oval from Stata					anda	ns11/28/94				3		
21. SIGNATURE OF FUNERAL SERVICE	ENGE	1		22. NAME	AND ADDRE	SS OF FA	USTT/SD/34	MILO	ore i	tiver, Mo	Lo		
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	7 /						Funeral Hor	ne P	A				
Turatel 1	THE			140	Eas	tern	Ave. Balt:	more	e. Md	. 21221			
23. PART I. Enter the diseases, of ahock, or heart failure.	complications that ca	nused the dea	ith. Do no	t enter the n	ode of dy	Ing, suc	h as cardiac or respi	ratory ar	reat,	Approximate			
IMMEDIATE CAUSE (Final	pristoffly offe cause	on each line.								Onset and I			
disease or condition resulting in death)	a. Congesti	ve Hear	rt Fa	ilure						6 David			
rooding in death)		AS A CONSEO								6 Days			
	L Coronary	Artery	Dis	ease						5+ Yea	irs		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQ								J. 160	10		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 1 ½ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA ng Home 5 - Raeldence 6 - Other (Specify) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCUREO

28a. DATE OF INJURY 28b. TIME OF INJURY

28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)

UNCERTAIN

29c. LICENSE NUMBER

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

Chack only

1 X CERTIFYING PHYSICIAN: To the best of my known wiedgs, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the n, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

YES 🖾 NO 🗆

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH

Investigation

8 Could not be

D 46263

29d. OATE SIGNEO (Month, Day, Year) November 24, 1994

9000 Franklin Square Drive Baltimore, MD Youssri M.D 21237

Letters of the control of the contro

me oa A Jahana

Sile backet and the terms of the state of th

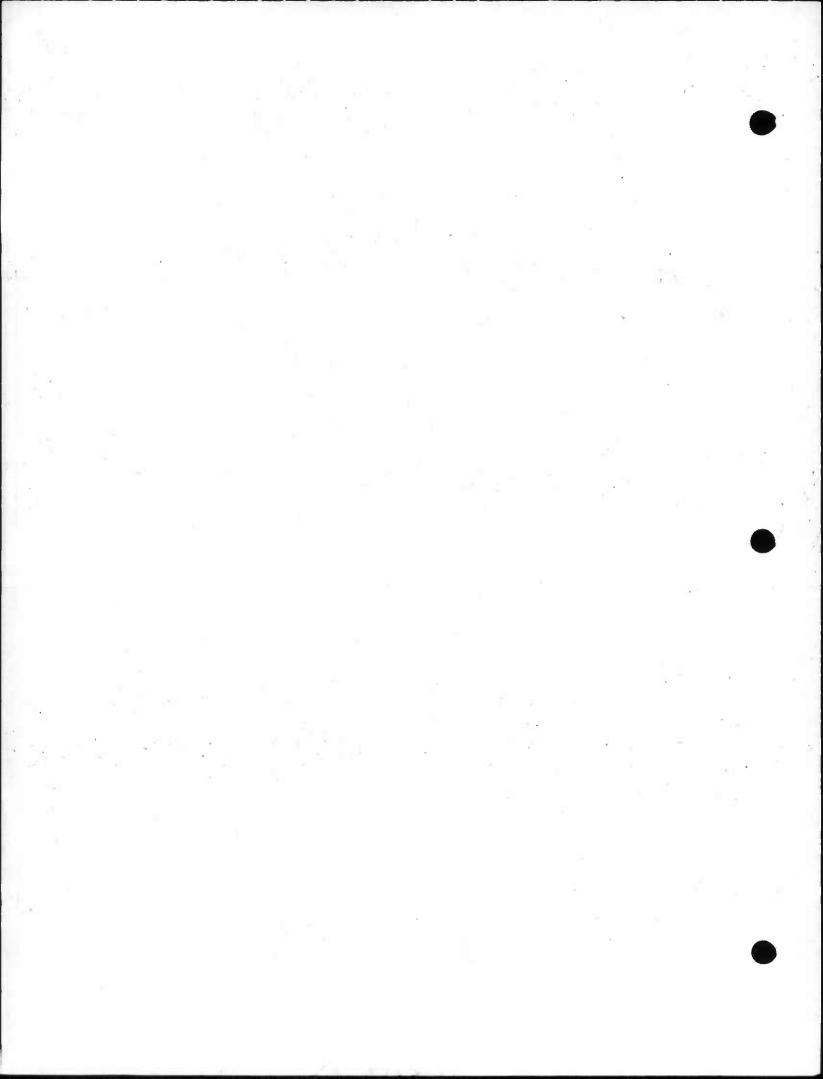
The state of the American Committee of the state of the s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HE		MENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) LILIAN		ERT	2. DATE OF DEATH MONTH 10-17-9	Y YEAR	3. TIME OF DEATH 9:45P				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)		F UNDER 24 HRS.	HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Forming				
	577 52 5520	1 🗆 M 2 🙀 F	9.2 YRS.	MONTHS DAYS H	OURS MIN.	(Month, Day, Year) 4-29-19(	02 1	ndia		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR	OCATION OF OE		9c. COUNTY O			
O. I	Potom <b>∄</b> c Valle	y Nurs Ho	ome	Rockvi	lle		Montg	omery Co		
딦	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c CITY	TOWN OR LOCATION				10d. INSIDE CITY		
DIRECTOR	Maryland Montgomery Co Rockville							LIMITS?		
	10e. STREET AND NUMBER				P CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	1235 Potomac	Valley R	d		20853					
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7				IC ORIGIN? (Specify Year), Puerto Rican, etc.)		ACE — American Indien, lack, White, atc.		
ΒY	1 Never Married 2 Married 3 Wildowed 4 ZDivorced	IF YES, GIVE WAR O			NO Specify:			White		
	15. DECEDENT'S EDU	JCATION		ISUAL OCCUPATION		16b. KINO OF BUSI	INESS/INDUSTED			
ETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done during most i	f working	100.11.110				
COMPL	12		Private	Child	Care					
5	t7. FATHER'S NAME (First, Middle, Last)			1	B. MOTHER'S NAM	NE (First, Middle, Maiden S	Sumame)			
BE	4. 4150									
2	19a. INFORMANT'S NAME (Type/Print)  Michael & All	an Herber	1			oute Number, City or Town				
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O				CATION — City or	. Words, Eng		
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	12	cemetery, crematory or oth	er place)		2000 600	Allon — ony or	TOWIT, STATE		
	21. SIGNATURE OF NUNERAL SERVICE L	Ronald	Wade Di	22. NAME AND	ADDRESS OF FAC	State	Anato	my Board		
	I an Wall	Millo	,	655W.	Baltim	ore St,Ba				
4	23. PART I. Enter the diseeses, or	complicatione that cau	ised the deeth. Do no					Approximata		
	ehock, or heart failura.				<b>-</b> '			intervei Batween Onset and Death		
	(disease or condition resulting in death)  Defulty Delay dration  Due to (or as conscouence of):									
				12						
NO N	Sequentially list conditions,  Due to (or as a consequence of):									
E	If any, leading to immediate ceuse. Enter UNDERLYING	. Onen	V //		hand	me		j		
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	i Iba	Y					
CERTIFICATION	resulting in death) LAST	d. aile	usclent	i /ba	ir De	red.				
AL C	PART II. Other aignificent condition	na contributing to deal	contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN A					24b. WERE AUTOPSY FINDINGS		
	Serression	i chr	nie			PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
M	Typothyp	didism	•					OF DEATH? 1 YES 2 NO		
ž	00 (									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF DEATH (Che	ck only one)				
Ϋ́	1 2 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/	Outpatient 3 DOA	4 Mursing Home						
	1 Natural 5 Pending	(Month, Day, Ye		IRY WORK	2 NO	26d. DEŞCRIBE HOW IN	JURY OCCURED			
ВУ	2 Accident Investigation 3 Suicide 6 Could get be	26a. PLACE OF INJ	URY — At home, farm, at		2	281. LOCATION (Street ar	nd Number or Bur	al Route Number		
E	4 Homicide 6 Could not be	building, atc. (	Specify)			City or Town, State)				
片	29a. CERTIFIER (Check only	SICIAN: To the beat of my k	nowledge, death occurre	at the time, data an	d place, and due t	to the cause(s) and man	Der as stated			
COMPLET								ee(e) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE		4.2	2	c. LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)		
TO BE		mena,			02/6	62 MD	► //-	15-94		
F	30. NAME AND ADDRESS OF PERSON WI							/		
	DR CAMINA 14 31. DATE FILEO (Month, Day, Year)	12 Adrian		Kockvil.	le,MD	20853				
	NOV 2 8 1994	Jusi Sandam-						- 1		
	- (		moreno							



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

В

ETED.

COMPL

BE

2

31. DATE FILEO (Month, Day, Year)

8

must

the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should Page 6 may be retained by the hospital or attending physician. at notified be examiner hours after death. medical filled in by t the completely executed within traumatic event, and com 9 been signed by the attending physician it. of Health and Mental Hygiene prior to requires that the death certificate be other ö injury. shows any OR ATTENDING PHYSICIAN: The law has be Dept. 23 this certificate h Hem 0 marked, After to DIRECTOR: A hours after d Item 28 is hours a Hem THE HOSPITAL O THE FUNERAL DI filed within 72 ho TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If I

IYEM: 1. PER F.H. FILM G-717 11/28/94 t.t. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME GERARD A. HEIDRICK 3. TIME OF DEATH 2. DATE OF DEATN 3:10 AH 4. SOCIAL SECURITY NUMBER 214-01-9635 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH (Month, Day, Year) April 3, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 [KM 2 ] F MONTHS DAYS HOURS 86 YRS 1908 Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO Catonsville 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 715 Maiden Choice Lane Apt CC 217 21228 IISA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced white 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) 12 3 Self-employed /Broker Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) J. Edward Heidrick Barbara Blumenrather 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Beatrice Heidrick 715 Maiden Choice Lane Apt CC217, Balto, Md. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats DATE 1 Description 1 Description 2 Description 2 Description 5 Description 5 Description 3 New Cathedral Cemetery 11/25 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 736 Edmondson Avenue, Balto, Md 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition ARDIO MYOPATAY 6 m reaulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Dementin 1 TES 2 NO OF DEATN? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☒ UNCERTAIN ☐ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c, INJURY AT 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Nomicide detarmined 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND PITOLOF CENTURES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Studior Rent

5/6 N. Kal

BALTIMORE, MARYLAND 21215-0020	icate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	HOURS &	or ren
BOX 68760,	icate be executed within	ohysician and completely filled in by the prior to burial, cremation, or removal

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FORTIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the host of the TOP THE FUNCAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached that the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)				1	2. DATE OF DEATH		3. TIME OF DEATH		
	DORIS F. HARTL	OVE				NOVEMBER 27, 1994 13;00				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIFT	THPLACE (State or Foreign		
	412-34-0037	1 D M XXX F 68		HTHS DAYS	HOURS MIN.	JUNE 15, 192	6	TENNESSEE		
OT.	9a. FACILITY NAME (If not institution, give :	·	96		R LOCATION OF DEA	тн	9c. COUNTY OF	DEATH		
DIRECTOR	HARBOR HOSPITAL CENT	EK		BALTIM	ORE CITY					
EC	10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY		
ä	MD			BALTIMO	RE CITY			LIMITS?		
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	710 E. FORT AVENUE				2123	0		U.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			C ORIGIN? (Specify Yea	or No — 14. RA	CE — American Indian, ick, White, elc.		
ВУ	1 Never Married 2 Married  3 XX Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	city Cuban, Mexican 2XX NO Specify:	, Puerto Rican, etc.)		ody: WHITE		
	77	1		<u> </u>				WILLE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mo		16b. KIND OF BUS	INESS/INDUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)								
MC	17. FATHER'S NAME (First, Middle, Last)		HOMEMA	(EK	10 MOTHED'S NAM	E (First, Middle, Maiden S	Niel et l			
	MARSHALL JONES					(UNKNOWN)	umame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		oute Number, City or Town.	State 7in Code)			
5	DORIS F. HARTLOVE				JE, BALTIMO		Citata, Esp Coce)			
	20a. METHOD OF DISPOSITION	20b	.PLACE AND DATE OF D			T	ATION — City or	Town, State		
	1XXBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		etery, crematory or other LEN_HAVEN_CE		NOVEMBER	70 1000		YLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI		LEIT MILIT OF		D ADDRESS OF FAC		1.11-717	ILAND		
	P) Cetter	X		CHARLE	S L. STEVEN	S FUNERAL HO	ME, INC	21230		
	23. PART I. Entar the diseases, pr	complications that caused	tha death. Do not	antar tha mo	FORT AVEN	IF RAI TIMORE	MARYL AND atory arrest.	Approximata		
	shock, or haart fallure.	List only one cause on a	ach lina.					Interval Between Onset and Death		
	disease or condition Hypo tension							Oliset and Dagui		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	1	+					
z	and the state of t	DUE TO (OR AS A CONSEQUENCE OF):  Heading to immediate Enter UNDERLYING  (C) Sead or Injury  DUE TO (OR AS A CONSEQUENCE OF):  LYNG CAYUND WA  Side								
일	Sequantially list conditiona, if any, laading to immediata		CONSEQUENCE OF):		(8)	10-1				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	Lyng	CAYUV	10 ME		अ०५				
Ë	that initiated avanta resulting in daath) LAST	DUE TO (DEVAS A	CONSEQUENCE OF):							
CERTIFICATION		d								
AL	PART II. Other algnificant condition	s contributing to death b	ut not resulting in t	he undarlying	cause givan in P	art I. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS		
일		) Brea.	It la	~ les		1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC								1 YES 2 NO		
z	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIN					
ᇹᅵ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH							
Š	1 TYES 2 NO			THER:  Nursing Hom	5 - Rasidence 8	Other (Specify)				
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DEŞCRIBE HOW IN	JURY OCCURED			
ВУ	Netural 5 Pending				ES 2 NO					
	2 Accident Investigation						-1.11			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stree	t, factory, office		281. LOCATION (Street an City or Town, State)	a Number of Hural	Route Number,		
	2 Suitalda	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	ot, factory, office		281. LOCATION (Street an City or Town, State)	a number of Hursi	Route Number,		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	ffy)			City or Town, State)		Route Number,		
	3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	building, etc. (Spec	edge, death occurred a	t the lime, data	and place, and dua to	City or Town, State) the cause(a) and mann	ner as stated.			
COMPLETED	3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	CIAN: To the best of my knowless.  R: On the basis of examination	edge, death occurred a	t the lime, data	and place, and dua to	Offy or Town, State) the cause(a) and manning, date and place, and	ner as stated.			
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowles: On the basis of axamination	edge, dasth occurred at and/or investigation, in	t the lime, data n my opinion, d	and place, and dua to	Offy or Town, State) the cause(a) and manning, date and place, and	ner as stated.	(a) and manner as stated.		
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE) MEDICAL EXAMINE	CIAN: To the best of my knowles: On the basis of axamination	edge, dasth occurred at and/or investigation, in	t the lime, data n my opinion, d	and place, and dua to	o the cause(a) and manner, date and place, and	ner as stated.	(a) and manner as stated.  D (Month, Day, Year)		
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowles: On the basis of axamination	edge, dasth occurred at and/or investigation, in	t the lime, data n my opinion, d	and place, and dua to	o the cause(a) and manner, date and place, and	due to the cause	(a) and manner as stated.  D (Month, Day, Year)  28 9 4		
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowles: On the basis of axamination	edge, death occurred at and/or investigation, in ATH (ITEM 27) (Type, Print 200) S at the ATURE	t the lime, data n my opinion, d	and place, and dua to	o the cause(a) and manner, date and place, and	due to the cause	(a) and manner as stated.  D (Month, Day, Year)		

G.B.M.C

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

\*\*MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF F					MENTAL HYGIEN	IE .		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	_	С	ERTIF	CATE C	F DEATH	REG. NO		3. TIME OF DEATH	
1	CARL  4. SOCIAL SECURITY NUMBER				ILTON		NOV.		94 9:12 P M	
	254-64-8438	5. SEX	6. AGE (In yrs. Is	rst birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 6/6/1943	8.	BIRTHPLACE (State or Foreign Country)  GA	
œ	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
57	GREATER BALTIM	ORE MED	ICAL C	Τ	TOWSO	N		BALT	IMORE	
DIRECTOR		ltimore			evenso			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	8400 Greenspring	Avenue				101. ZIP CODE 21208		10g. CITIZE	N OF WHAT COUNTRY? USA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V Vietnam	YES 2	RMED NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxici (ES 2 XNO Specif		a or No 14	Black, White, etc.  Specify:	
9	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	ISINESS/INDUS	Black	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	pervi		most of working	Secur	ity Gu	ard Business	
CO	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden	Surname)	200211000	
BE	19a. INFORMANT'S NAME (Type/Print)			h Manino	4000500 (O		Laura Hil		<u> </u>	
5	Cecillia Henry						Route Number, City or Tow rooklyn. N		.238 Apt 4-E	
	20e. METHOD OF DISPOSITION  12 Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	AND DATE O	F DISPOSITION	(Name of	DATE 20c. LC	CATION — CIT	y or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Califo	~ Mas	DII	Ster Ster	and address of FA	on Funeral Avenue, B	Home	o, Ga 30830	
	23. PART i. Enter the diseasea, or a ahock, or heart failure.	complications the	t csused the d	esth. Do n	ot sater the	mods of dying, aud	ch ss cardiac or resp	Iratory arres	t, Approximats Interval Between	
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)  a. Atherosclerunz Cardiocascular disease									
-	DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	):					
	DART II Other elevisions and date	d	7-9-1							
MEDICAL	PART II. Other significant condition	s contributing to	destri but not	rssulting I	n the undsriy	ring cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
M	DID TORACCO LISE CONT	DIDLITE TO CA	USE OF DE	ATIL VE					1 YES 2 NO	
AN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CA			H (Check only o		N PA		<u> </u>	
()	EXAMINER?	HOSPITAL:			OTHER:		8 Other (Specify)			
Si	1 → YES 2 □ NO	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18b.					Home 5   Residence 8   Other (Specify)  c. INJURY AT			
IY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF		28b, TIMI	URY	WORK? YES 2 NO				
ED BY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D		INJ	M 1 [	WORK? YES 2 NO	28f. LOCATION (Street City or Town, State,	and Number or	Rural Route Number,	
ED BY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 8 Could not be detarmined  29a. CERTIFIER (Check only)  27. MANNER OF DEATH  5 Pending Investigation 6 Could not be detarmined	28a. DATE OF (Month, D 28a. PLACE O building,	F INJURY — At hatc. (Specify)	ome, farm, a	M 1 [ treet, factory, o	WORK?  YES 2 NO  Hice	City or Town, State,	nner ea stated.		
B	27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 8 Could not be detarmined  29a. CERTIFIER (Check only)  27. MANNER OF DEATH  5 Pending Investigation 6 Could not be detarmined	28a. DATE OF (Month, D 28a. PLACE Of building.	F INJURY — At hatc. (Specify)	ome, farm, a	M 1 [ treet, factory, o	WORK?  YES 2 NO  Hice	City or Town, State, to the cause(a) and ma time, data end place, as	nner ea stated.  nd dua to the c		

NOV 2 8

1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111

SA REGISTRAR'S GONTUNE

Penn Street, Baltimore, Maryland 21201

9c. COUNTY OF OEATH

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

N/A

3. TIME OF DEATH

Carolina

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

YES 2 NO

**Black** 

Approximata intarvai Batween

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

ATAMSCOAN, BAR

23

Onset and Daath

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

7. DATE OF BIRTH

22

11

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

**GENEVA HARRIS** 

5. SEX

0	
80	
	1
P.0	
Α'	
_	1
က်	
RECORDS	
OC.	
$\bar{\circ}$	
ŏ	
ш	
œ	
_	
⋖	
ITAL	i
_	1
>	- 13
OF	1
=	1
0	-
_	-
Z	
	Ġ
$\underline{}$	1
(A)	i
ď	
>	
DIVISION	

9

1 M 2 F 3/20/15 216-28-1387 79 Should 9e. FACILITY NAME (If not institution, give street end number) 9h. CITY TOWN OR LOCATION OF DEATH RECTOR Bay Meadows Pages 1, 2, 3 Glen Burnie RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland ā **Baltimore** permit. FUNERAL 10e. STREET AND NUMBER 2924 Edison Highway and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. 21213 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married BΥ 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) N/A 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) notified at Joseph Capers Mendora BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6 Vernell Chapman 2924 Edison Highway Baltimore, MD pe 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 11/26 DATE 20c. LOCATION — City or Town, State must Donetion 5 Other (Specify) Maryland National Cem Laurel, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME hours after death. 4600 LIBERTY HEIGHTS AVENUE medical 23. PART 1. Enter the disasses or complications that cause the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the HEART FAILURE disease or condition ONGESTIVE resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to l if any, leading to immediate cause. Entar UNDERLYING aftending physician other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten Mental F injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? Aug CIRO KE 1 YES 2 LINE has been Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO WINCERTAIN I **PHYSICIAN**: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate State **EXAMINER?** HOSPITAL OTHER 1 - YES 2 -10 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 LING sing Home 5 - Residence 8 - Other (Specity) the 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with marked. 14 Natural 84 1 YES 2 NO BΥ death Investigation 2 Accident DIRECTOR: After 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide after COMPLETED 8 Could not be 4 Homicide 500 hours Hem 29e. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es atated. 2 MEDICAL EXAMINER: On of exemination end/or investigation, in my opinion, death occurad at the time, date end place, end due to the ceuse(s) end menner es atated. 29c. LICENSE NUMBER BE D21776

USE OF DEATH (ITEM 27) (Type, Print)

203 E.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

6. AGE (In yrs. last birthday)

VDS

Surgerd Sational for laurel, Maryland

TETT

The term of term of term of the term of the term of the term of term of term of term of term of term o

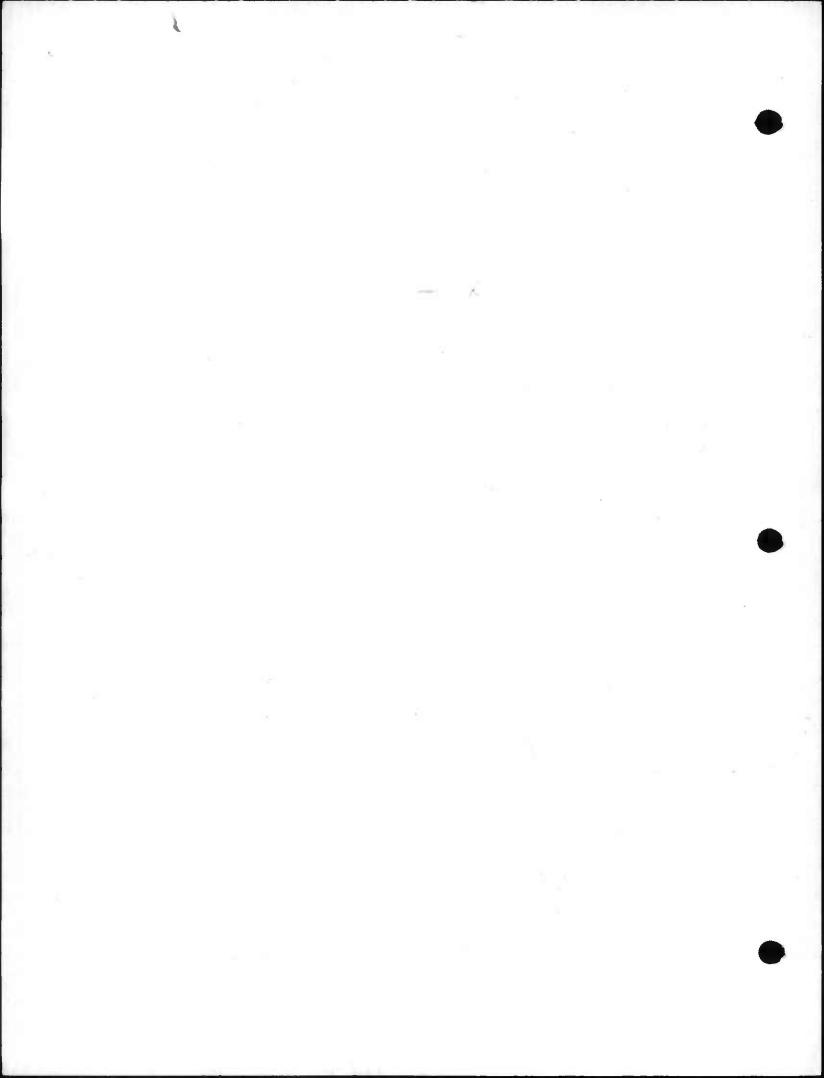
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be flow within the State Debt. of Health and Mental Hygiene prior to burial, certainon, or removal.
TO THE HO TO THE FU be filed wil

31. DATE FILED (Month, Day, Year)
NOV 2 8 1994

32 REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR		CERTIF	ICATE OF		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1-1-1	1			2. DATE OF DEATH DA	AY	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)			11 22	91	+ 10:33	
	216-09-6636	1X M 2 □ F	85 YRS.	IF UNDER t YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BURTH (Month, Day, Year) Feb 22, 191	10	6. BIRTHPLACE (State or Fo Country) Maryland	
OR	9a. FACILITY NAME (If not institution, give s St. Agnes Hospita			Baltimo	R LOCATION OF DEAT	гн	9c. COU	NTY OF DEATH	
DIRECTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c CIT	Y, TOWN OR LOCAT	ION				
1	Maryland			timore				10d. INSIDE CITY LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER  2714 Uhler Avenue	2			21215		USA	ZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vill 1994, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:			4	14. RACE — American India Black, White, atc. SpecifyBlack			
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of a	USUAL OCCUPATION	DN st of working	16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 12th Grade	ndary (0-12) College (1-4 or 5+)			se retired.)			Services	
	17. FATHER'S NAME (First, Middle, Last)  Lewis Hall				16. MOTHER'S NAME Mary Pro	E (First, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		ute Number, City or Town	n, State, Zip	Code)	
5	Frances H. Hall					imore, Ma			
	20a. METHOD OF DISPOSITION 11/2 Burlal 2 Cremation 3 Rem		b. PLACE AND DATE		me of	DATE 20c, LO	CATION —	City or Town, Stata	
	4 Donation 5 Other (Specify)	Å	metery, crematory or or rbutus Me	emorial 1				e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	· Sutton						cal Home Inc Lt. Md. 2121	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line.								
	IMMEDIATE CAUSE (Final	Liet only one ceuse on	each line.	(	all	1		interval Be Onșet and	
	disease or condition resulting in death)	. 9	Vuite	DIDO	74	1055		de	
	DUE TO (OR AS A CONSEQUENCE OF):								
N N	Sequentielly list conditions, Due to (or as a consequence of):  Due to (or as a consequence of):								
ATI	if any, leading to immediate  cause. Enter UNDERLYING								
FI	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	n:					
CERTIFICATION	resulting in deeth) LAST	d							
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING								
EDICAL	SOLVE CP. COPD + (L) LOW OWN C BERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE								
ED	CHE				TONO	1 YES 2	□ NO	OF DEATH?	
W	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Check	k only one)			
YSIC	1 YES 2 NO	HOSPITAL:	tpstlent 3 🗆 DOA	OTHER: 4  Nursing Hom	e 5 ☐ Rasidence 6	Other (Specify)			
ву рну	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WO	URY AT RK?	esd. DESCRIBE HOW I	NJURY OCC	CURED	
ш	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJUR building, atc. (Spo	Y — At home, term, secify)	streat, factory, office		City or Town, State)	and Number	or Rural Route Number,	
ED	4 Homicide datarmined  29a. CERTIFIER 1 CERTIFUNG PHYSICIAN. To the best of an incomplete data to the best o								
2	(Check only CERTIFYING PHYS								
COMPLETED	(Check only CERTIFYING PHYS	ER: On the beals of exeminati							



3. TIME OF DEATH

DHMH-16 Rev 1/89

te

notified

þe

must

examiner

medicai

the

event.

traumatic

other

6 the atten

Shows

23

item the State

filled in by t

and completely fi o burial, cremation

2

attending physician intal Hygiene prior to

Health and any

t, of !

has be Dept.

the 6

this c is marked,

After t

DIRECTOR: A hours after d item 28 is

FUNERAL I within 72 h TANT: 11 lk

permit. Pages 1, 2, 3 should

STATE REGISTRAR

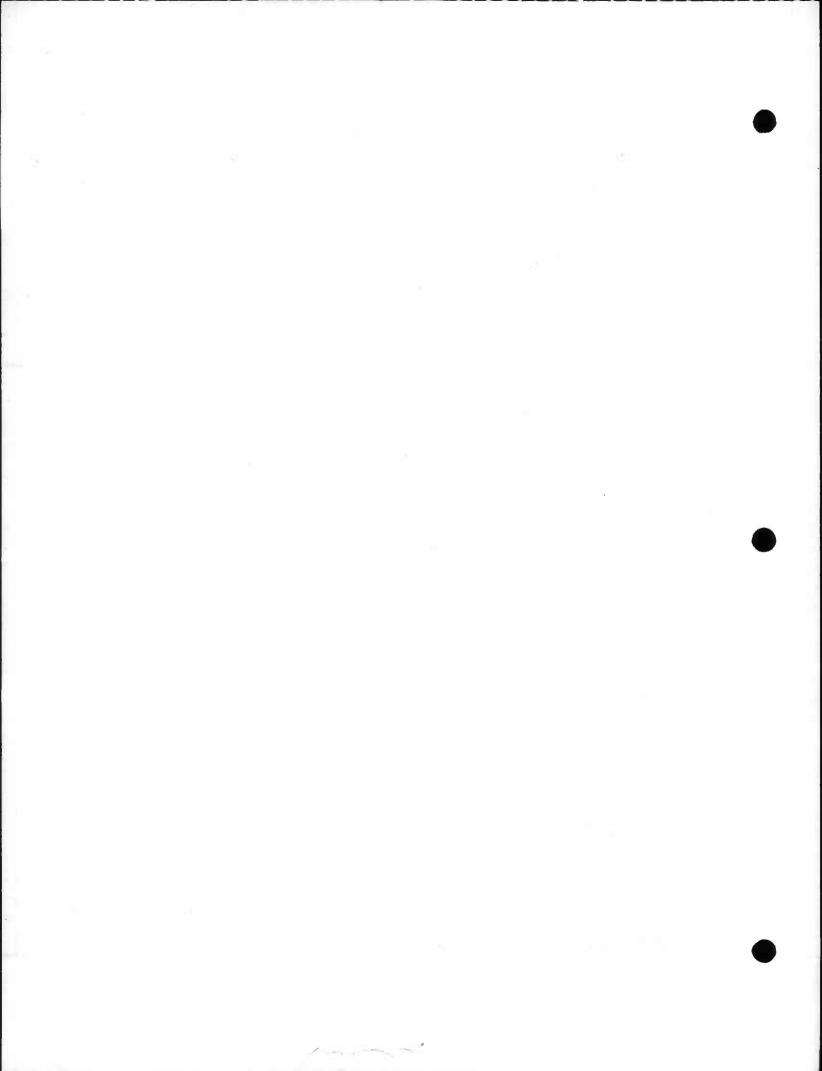
1. DECEDENT'S NAME (First, Middle, Last)

executed within requires that the death certificate be OR ATTENDING PHYSICIAN: The law HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: II

2. DATE OF DEATH MONTH PENKINS EDNA MAE 1:20 AM 4. SOCIAL SECURITY NUMBER 244-20-6367 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) JUL.25,1924 70 DAYS HOURS Carolina 1 M 2 F YRS. N 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital N/A Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1507 Ramblewood Road 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puarto Rican, atc.)
1 YES 2 N NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY **FACTORY** ntary/Secondary (0-12) College (1-4 or 5+) HIGHSCHOOL DOMESTIC (someone else home) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Larry Hill Annie Chavis BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Roberts 1507 Ramblewood RD/Baltimore, MD 21239 20a. METHOD OF DISPOSITION
1 M yeurial 2 Cremetton
4 Donation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Burial 2 Cremetion 3 Removal from State GARRISON FOREST V A CEMETER 11-29 OWINGS MILLS, MD Donation 5 Other (Specify) 21. SKINATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY MARCH F/H East 1101 E.NORTH AVE.?Baltimore, MD21239 23. PART I. Entar the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardisc or reapiratory arrest, Approximate ahock, or hasrt failura. List only one cause on each line. intervsi Betw **IMMEDIATE CAUSE (Final Onset and Death** disease or condition MEDASTATIC SECTIST CA 23,42 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL April 5 BREL ATION 1 | YES 2 | NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \overline{\infty}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated. 296. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yeer) BE mand 40 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 Be MACK Sore sono LOCH MANON KURD 21280 BAZ TMORE MO Julia Havelor Randell 31. DATE FILED (Month, Day, Year) 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



*
0
58760,
~
8
_
BOX
$\simeq$
ш
P.0
-
ш.
S
$\Box$
~
$\overline{}$
Ų.
RECORDS,
ш
~
VITAL
⋖
<b>—</b>
_
>
OF
~
U
7
$\tilde{\sim}$
0
70
27
>
-

TO THE HOSPITAL DR ATENDING PHYSICIAN. The law requires that the death certificate be executed within 54 hours and ceast. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or turning in the nutified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN			
	DECEDENT'S NAME (First, Middle, Last)     C	harles Wil	liam Jo	hnson		2. DATE OF DEATH MONTH D. November	AY 23 1	3. TIME OF DEATH 994 3:20 Am	
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH  8. BIRTHPLAC  Country  Country  Country							
	9e. FACILITY NAME (If not institution, give street	April 6,1994 MD							
TOR	Harford Mem. Ho	spital	I	Havre ————	de Grad	ce 	Hari	ord	
DIRECTOR	100. STATE 10b. COUNTY  MD Harfo	100.00					_	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	1 YES 2 NO	
FUNERAL	1420 Wilshire Dr	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	21001	IIC ORIGIN? (Specify Yea	usa ecify Yee or No.   14, RACE - American Indian,		
BY	1 📉 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y if yea, specify Cuben, Mexicen, Puerto Ricen, etc.)  1  YES 2  NO Specify:				Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TON mpleted) College (t-4 or 5 +)	(Give kind of work life. Do NOT use n	done during mos	N t of working	16b, KIND OF BU	SINESS/INDUS	TRY	
MPL	12	3	machine	opera			oe mar	nu.	
BE CO	17. FATHER'S NAME (First, Middle, Last)  Carl Johnson, Sr	•				ME (First, Middle, Maiden a Jester			
5	19e. INFORMANT'S NAME (Type/Print) Cleola Johnson		196. MAILING AD 1420 W	ilshir	e Dr.	Route Number, City or Tow Aberdeen	n, State, Zip Co	21001	
	20s. METHOD OF DISPOSITION  1 XBurtsl 2 Commetton 3 Remove  4 Donation 5 Other (Specify)		PLACE AND DATE OF E				cation – city	or Town, State MD	
	21. SIGNATURE OF FUNERAL SERVICE MOEN		7	22. NAME ANI	D ADDRESS OF FA				
_	20 MART I. Enter the disease, or com	policetions that caused	the death Do not	552 L	ewis S	t. Havre	de G	race,MD	
	anock, or neart tellure. Lis	t Dnly Dne ceuee Dn ee	ch line.				retory arreet	Approximate intervel Between Onaet and Death	
	immediate cause (Finel disease or condition resulting in death)  a. acute & Frmtal lobe inforcs.  Due to (or as a consequence of):  a. acute & Bassal Ganglia Haenarhyl.  Sequentially list conditions,  b. Due to (or as a consequence of):								
NO	If any, leading to immediate								
-ICAT	CAUSE (Disease or Injury	Primary 1	pretens	en.					
CERTIFICATION	thst initiated events resulting in death) LAST	ama · Qu	aduple	64. V	egetime	State			
	PART ii. Other significent conditions c							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL	- DM.				_	t YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO	
AN:	DID TOBACCO USE CONTRIB		DEATH YES		UNCERTAIL	N 🗆			
YSICI	PV 4 1404 PPA	OSPITAL:	0	THER:	5 - Residence	6 Other (Specify)	-		
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOR	RY AT IK? ES 2 ND	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
TED BY	Accident Investigation     Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	– At homa, ferm, stree			26f. LOCATION (Street & City or Town, State)	and Number or I	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	dge, death occurred a	t the time, date of	and place, end due	to the ceuse(e) end mer	nner ee ststed.		
	2 MEDICAL EXAMINATION  29b. SIGNATULE AND VILLE OF CERTIFIED	n the basis of exemination	end/or investigation, i	n my opinion, de				euse(s) end manner ee ststed.	
BE	BOLOW	B Par	real MM)		29c. LICENSE NUR	2 LL	29d. DATE SI	GNED (Month, Day, Year)	
0 11	100		_		0107		, , ,	67174	
٩	30. NAME AND ADDRESS OF PERSON WHO CO		_		157W	MD 2104	7	27174.	

Mund milne

DWG

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTI	FICATE OF	DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
		CARROLL J. JOI	VES JR.				NOV.	13	94EAR	1114P M
-		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8 BIRTHP	LACE (State or Foreign
			1 M 2 □ F	7.3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	ny, Yoar)	Country)	
pino		9a. FACILITY NAME (If not institution, give a	treet and number)	13	OF CITY TOWN	OR LOCATION OF D	11-10			
3 should	œ			+	100			9c. CO	UNTY OF OEA	ATH
2	임	UNION MEMORIA	L HOSPITA	<u>.L</u>	BALI	'IMORE (	TIX			
es 1		10a. STATE 10b. COUNTY	1	10c, C	ITY, TOWN OR LOCA	ATION				10d. INSIDE CITY
E.	DIRECTOR	Maryland na								LIMITS?
permit. Pages 1,		Maryland na			Baltin	MOTE M. ZIP CODE		- Service -		1 YES 2 NO
	R	NOT THE REPORT OF THE PARTY.			- "	or. ZIP CODE		10g. CI	TIZEN OF WH	IAT COUNTRY?
020 physician. bunal-transit	FUNERAL	2841 Hunting					211			
020 physician bunal-tra	3	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I		13. WAS DE	CENDENT OF HISPA pecify Cuban, Maxico	NIC ORIGIN? (S	specify Yea or No—	14. RACE - Black,	- American Indian, White, alc.
	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 🗆 YE	\$ 2 NO Specific	fy:	,		White
215-0 attending se as the	ED		<u> </u>							WIII C C
212	1	15. OECEDENT'S EDU- (Specify only highest grade		(Give kind o	S USUAL OCCUPAT work done during m	ION lost of working	16b, K/	ND OF BUSINESS/IN	IDUSTRY	
tal or tal for u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)					
the hospital detached fo	BE COMPL									
AN the hos detach		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	lle, Maiden Sumame)		
A Y L										
MAR retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State, 2	(ip Code)	
Sage y	F	ocme								
		20a. METHOD OF DISPOSITION			E OF DISPOSITION (A	lame of	OATE	20c. LOCATION -	- City or Town	n, Stata
m ector	1	1 Burlal 2 Cremation 3 Ram- 4 Donation 5 Other (Specify)	state rem	netery, crematory or			1			
BALTIMOR after death. Page 6 ma by the funeral director, proval. cal examiner must		21. SIGNATURE OF FUNDRAL SERVICE LIC	ENSER On a 1 d W	ada Di	22. NAME A	NO ADDRESS OF FA	CILITY C +	- A	<b>.</b>	D 1
VL7		100001/1/1	MILL	auc, Di	65511	D = 1 + d	313	ile Ana	LOMY	Board
B tter of the constant of the	_4	your // //	The same			.Baltim				1201
6 T 5 E		23. PART I. Enter the diseases, or of shock, or heart fallure.	complications that cause List only one cause on a	d tha death. Do	not enter the m	oda of dying, suc	ch se cardiac	or respiratory a	rrest,	Approximate Interval Batween
	1	IMMEDIATE CAUSE (Fine)								Onset and Death
a state	-	disease or condition resulting in death)	RUPTURED	ABDOW	1INAL /	YORTIC .	ANET	LRXSM		
760, od within ompleteh I, crema event,	1		DUE TO (OR AS A	CONSEQUENCE	OF):					
	z	CONTRACTOR CONTRACTOR	DUE TO (OR AS A  HYPERTENSI	WE CAR	ldiovas cl	TUAR ATT	HUROSC	URUTIC	MISSA	1915
	ERTIFICATION	Sequantially list conditions, if any, leading to immediate		CONSEQUENCE						
BOX cate be e hysician prior to	8	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	g.							
2 0 2 4	三	thet initieted events	OUE TO (OR AS A	CONSEQUENCE	OF):					
S, P.O. death certif attending attending minal Hygier ry, or oth		resulting in deeth) LAST	d							
the death y the atten of Mental H	ပ၂	PART II Cohen de different e distri								
RDS, lat the dea by the atl and Mental IY injury,	EDICAL	PART II. Other algnificent condition	e contributing to death b	out not reaulting	in the underlying	ng ceuse given in	Pert I. 24	MAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS
O = 8 = 6	8 1						1	YES 2 NO	C	COMPLETION OF CAUSE OF OEATH?
REC require een sig of Hea	ME							^		YES 2 NO
L REC law requires as been sign bept. of Heal 23 shows		DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH Y	ES INO I	UNCERTAI	N $\square$			
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one					
N: The ficate h State	S	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 X ER/Ouis	netlant 3 DOA	OTHER:	- COB-Hills				
Sicia certif	¥∥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI		ma 5 Realdence		BE HOW INJURY O	COUREO	
NG PHYS frer this eath with		1 Natural 5 Pending	(Month, Day, Year)		IJURY W	ORK?	200. DESCHI	BE NOW INJUNY OF	COMEO	
After death	Æ	2 Accident Investigation	00- 01-05-05-04-05-0		" "	YES 2 NO				
		3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, larm, cify)	street, factory, offic	Ca		ON (Street and Numb own, State)	er or Rural Rou	ite Number,
DIVISION DIRECTOR: hours after 128 i	島水					_				
DIV NL DR A L DIREC 2 hours I Item	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledga, daath occur	rred at the time, det	a and place, and due	to the cause(	a) and manner as st	ated.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: H	8		R: On the basis of examination							and manner as stated.
FUN WITH		296) SIGNATURE AND TITLE GE CENTIFIES	-0.0			29c. LICENSE NUI				
TO THE HOSPIT TO THE FUNERA DE filed within 7	8	MUNICIPAL	ALL TO !!			O.C.N		290. DA	NOV.	14/94
5 5 3 ₹	임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALISE OF OF	ATH (ITEM 27) /=-	e Print)					
						, Balt:	imore	Marvl	and 7	21201
			-		201000					
		NOV 28 1994	32. REGISTRAR'S SIGN	AAA						
	- 11	~ /	//	The state of the s						

IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. MART: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Items# 20.a 20.b. Gfilm 718 per F.H 12/2/94 P.C

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
7	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR								
	DONALD I. 4. SOCIAL SECURITY NUMBER 5. SEX 6.			JOHNS:	ON NC		EMBER 23, 1994 11:17 A				
	065-22-4771 1 <b>3</b> M 2 □ F							s. BIRTHPLACE (State or Foreign Country) 2/1926  8. BIRTHPLACE (State or Foreign Country) New York			
or.	9a. FACILITY NAME (If not institution, give street and number)				R LOCATION OF O	EATH	9c.	9c. COUNTY OF DEATH			
DIRECTOR	#18 EAST PRE	STON STREET	Γ	BALT	IMORE						
REC	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?					
	Maryland		Ba	ltimo				1 X YES 2 NO			
FUNERAL	18 E. Preston		101	21202		101	CITIZEN OF	WHAT COUNTRY?			
F	11. MARITAL STATUS  1 Never Married 2 Married	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	N? (Specify Yes or N	fes or No— 14. RACE — American Indian, Black, White, atc.					
B	3 Widowed 4 Divorced	ES 1 ☐ YES 2 ■ NO Specific: Specific:									
	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEDENT'S USI			. KIND OF BUSINES	USINESS/INDUSTRY					
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)						H. Lewis			
MP	12th		Const	rucei			ractors				
	17. FATHER'S NAME (First, Middle, Last) Unknown				ame)	)					
BE	19a. INFORMANT'S NAME (Type/Print)		196 MAILING AD	DRESS /Street #		nkno	ber, City or Town, Sta	to Zio Codel			
٩	Delores Blount		722 S.	56th			ade1phi		19143		
	20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOS										
	Catonsville, MD   Catonsville   Catonsvill										
	Xerou	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207									
	Approximata Interval Between Onset and Death  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Approximata Interval Between Onset and Death  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL				PERFORMED?  1 YES NO OF DEA				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEATH (								
IXSI	1 X YES 2 NO	1   Inpstient 2   ER/Outps		OTHER: 4   Nursing Home 5 Realdenca 8   Other (Specify)							
	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)			WO	RK?	28d. DES	8d. DEŞCRIBE HOW INJURY OCCURED				
ВУ	Accident Investigation  3 Suicide 8 Could not be	- At home, ferm, stree	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number,					
TEC	4 Homicide determined	building, etc. (Speci	f(y)	100 to the street, tectory, omice 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only One)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
BE	(laur	- LIRR					(Month, Day, Year)				
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									24, 1994		
	J.4+RON LOCK	E, MU	lll Penn	Stre	et. Bal	time	ore. Ma	rvlan	yland 21201		
	31. DATE FILED (Month, Day, Year) NOV 2 8 1994	32 REGISTRAR'S SIGNA	lall								

The is "govern regreet. Person T. Terlin section of the convertible "Account to call IN A THE REST OF STREET AND ADDRESS OF THE PARTY OF THE P

THE THE PERSON AND TH

unk 94-205

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	ERTIFIC	CATE C	F DEATH	F	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIM	E OF DEATI	Н
- N	GEORGE JOSEPH JOH	NSON				NOV	5	, 1994	EAR 6	:00	Ам
- 3		B. AGE (In yrs. las	t birthday)	IF UNDER t YEA	R IF UNDER 24 HRS.	7. DATE OF			BIRTHPLACE		
	212-56-8458 1 ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅ ⋅	41 42		WONTHS DAY		11-8	ay, Year)	1 1	Country)		digit
	9e. FACILITY NAME (If not institution, give street and number)	17.2		ah CITY TOU	N OR LOCATION OF D		- 52		larylar	nd	
œ		C.m.				EAIH		9c. COUNTY	OF DEATH		
2	200 BLK S. PRESIDENT	ST.		BALT	IMORE				na		
EC	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LO	CATION				10d JB	NSIDE CITY	
DIRECTOR	Maryland		-			timore				IMITS? YES 2 [] I	
	Maryland			Lonsv							NO
FUNERAL	3700 Greenspring Ave 21215										
W	815 Winters LANE -0:00*										
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1					NIC ORIGIN? (S	Specify Yea	or No — 14.	. RACE - Ame Black, White,	erican India	n,
BY	3 Widowed 4 Noticed IF YES, GIVE WA				ES 2 NO Specif						
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gi	ive kind of wo	SUAL OCCUP ork done during	ATION most of working	16b. KII	4D OF BUS	INESS/INDUST	TRY		
ا و	Elementary/Secondary (0-12) College (1-4 or 5+)		life. Do NOT use retired.)			75.7					
₫	12	ASS	Assembly Line				Blind Industries				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
BE	Lewis E. Johnson				Evang	elene	Clark	C			
	19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING A	ADDRESS (Stre	et and Number or Rural	al Route Number, City or Town, State, Zip Code)					
임	veme Vivian Johnson	2	4 Sat	urn C	t. Balto,	1D. 21	1234				
	20e. METHOD OF DISPOSITION	20b. PLACE	AND DATE OF	DISPOSITION	(Name of	DATE	20c, LOC	ATION City	or Town, Sta	te	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Nother (Specify, Entombrons	Arbut	rhutus Comptory   11.39								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
	X I I I I I Da.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		W.Balti						
	andul/ 100	_								201	
1	23. PART i. Enter the diseases, or complications that	caused tha da	ath. Do no	t enter tha	mode of dying, suc	h ss cardiac	or respir	atory arrest		pproxima	
	shock, or heart fallure. List only one cause on each line.  INIMEDIATE CAUSE (Final Onset and Death										
	disesse or condition										
ł	resulting In death)  a										
,											
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
ŽΙ	csuse. Enter UNDERLYING										
E	CAUSE (Disease or Injury C. DUE TO (C.	R AS A CONSEC	DUENCE OF)		-						
E	resulting in death) LAST								-		
빙	d										
7	PART ii. Other significant conditions contributing to d	aath but not r	esuiting in	tha underl	ing cause given in	Part I. 24	a. WAS AN A		24b. WERE A		
DICA									COMPL	BLE PRIOR T ETION DF C	
MED		1 To YES 2 NO COMPLETION OF CAL									
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☑ UNCERTAIN ☐									٥	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			(Check only o							
<u></u>	EXAMINER? HOSPITAL:		(	OTHER:	2-2-22						$\rightarrow$
<u>≥</u>	1 X YES 2 □ NO 1 □ Inpatiant 2 □ I					6X Other (S)					
품	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	RΥ	INJURY AT WORK?		1	JURY OCCUR			
à l	2 Accident Investigation 11-5-	* /	535		YES 2 NO	Sub	JECT	aro	whee	^	
□ 4 Homicide detarmined									+ Balt	imore,	Md
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ea stated.											
one)  2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data end place, end due to the cause(a) are									ause(a) and m	anner aa sti	ated.
296. LICENSE NUMBER O. C. M. E  296. LICENSE NUMBER O. C. M. E  NOV 05, 1994  30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street, Baltimore, Maryland 21201											
									01		
			т ге	1111 51	reet, B	атсли	ore,	Mary	Tand	212	ΛТ
	NOV 28 1994	s switchthis II									

7	atte
Σ.	6
ND 2	hospital
A	the
$\geq$	3
<b>BALTIMORE, MARYLAND 2121</b>	. Page 6 may be retained by the hospital or atte
	2
2	may
0	9
Ξ	Page
ALT	death.
m	after
	hours
20	e executed within 24 hours after death. I
0X 68760	executed
$\approx$	90

DIVISION FITTAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTR DOWN FITTAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTR DOWN FITTAL DR ATTR DOWN FINANCE THAT PROPERTY PROPERTY PROPERTY OF THE HOSPITAL DREATH OF THE TABLE DEPT. TO THE FUNETY FOR THE FUNETY ATTR DOWN FITTAL DREATH PROPERTY FOR THE STATE DEPT. OF Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Ill Item 28 is marked, or Item 23 shows any Injury, or other Iraumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	2.5	DATE OF DEATH

	REGISTRAR			EKIIF	CALE	UF	DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	dred K	d Kelley  2. Date of Death Month November 21,1994						3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. la	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH ev. Year)		6. BIRTH Countr	PLACE (State or Foreign		
	214-34-2798	1 🗆 M 2 💢 F	86	YRS.	MONTHS	DATS	HOURS MIN.	07/0	2/19	80		liana		
_	9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH				
2	930 Cromwell Bridge Road													
입	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										10d. INSIDE CITY			
뚬	Maryland		Essex 1   ves 2   X No						LIMITS?					
4	10e. STREET AND NUMBER					101.	ZIP CODE		-	10g. CIT	IZEN OF W	/HAT COUNTRY?		
FUNERAL DIRECTOR	513 North Marlyn Avenue						2	1221		U	nite	States		
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO				13. W/	S DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE	American Indien, t, White, etc.		
87	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES						2X NO Specif		n, atc.)		Speci	ty:		
	15. DECEDENT'S EDU	CATION	10. 00	CEDENTIS	USUAL OCC	4104710		1				White		
	(Specify only highest grade	completed)	- 10	Give kind of v	vork done du	ring mos	st of working	16b. KII	16b. KIND OF BUSINESS/INDUSTRY					
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)  2 Years		Home	emake.	maker Own Home								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			110118	and sc		18. MOTHER'S NA	ME (First, Midd			1100			
BE C	John Stoeltin	a					Sa	rah Co	ah Colgrove					
TO B	19e. INFORMANT'S NAME (Type/Print)		19				nd Number or Rural	Route Number,	City or Town	n, State, Zij		24.22		
۲	Trent Bowen	_		930	Crom	wel.	l Bridge	Road	Bal	timo	re, l	MD 21286		
	20s_METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remedia  Control   Control  Control  Control  Control  Control  Control  Control   Control  Control  Control  Control  Control  Control  Control   Control  Control  Control  Control  Control  Control  Control   Control  Control  Control  Control  Control  Control  Control   Control  Control  Control  Control  Control  Control  Control	oval from State	20b. PLACE cemetery, cre MO1				. 11/23/	94	20c. LO Bal		city or To	wn, State Maryland		
	21. BISMATURE OF PUNERAL SERVICE LICENSEE				22. N/	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc.								
	Duda-Ruck Funeral Home of Dundalk, In-													
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Final									Onset and Daath				
	disease or condition resulting in death)  Bush pure to (on as a consequence or):													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  Antenis clents Carolis Visule Disease  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING	. 466	antro	e e ae	Anto	da,	calenter	Carli	bVN.	4- 1	Die	.1		
Ĭ.	CAUSE (Disease or Injury that Initiated eventa	DUE NO O	R AS A CONSE	OUENCE OF	):	TV	3 (744)0 00				7-4	4		
E	resulting in death) LAST													
0	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE									WERE AUTOPSY FINDINGS				
EDICAL	DEDECORMEDO								AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	Congestive Heart Failure  1 YES 2 NO								OF DEATH?					
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									1   YES 2   NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			200	'H (Check on		OTTOLKIAN							
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   E	R/Outpatient 3	DOA	OTHER:	g Home	5 KRasidence	8 Other (Sc	pecify)					
È	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIMI	E OF 2	Bc. INJL	JRY AT	28d. DESCRI		NJURY OC	CURED			
84	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO													
	3 Sutcide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, fac building, stc. (Specify)							28f. LOCATIO	ON (Street e	nd Number	r or Rural R	loute Number,		
	4 Homicide determined City or Town, State)													
립	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated.													
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and menner se atlated.													
ш	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morth, Day, Year)									(Month, Day, Year)				
DH, SHERBOURNE 9/01 FRANKLIN SQ DR. BALTO 21.									1/2	2/94				
									2/2	235				
	31. DATE FILED (Morith, Day, Year)	32 REGISTRAR				_								
	NUVZ 0 1994 Ju	UN EUROGAN	- WOODLY											

TO BE COMPLETED BY FUNERAL DIRECTOR

_	7
0	
စ	
~	
8	
Ö	
×	
<b>BOX 68760</b>	
Ų	
$\mathbf{m}$	
~	
U	
٠.	
<u>о</u>	
S	
$\ddot{\sim}$	
_	
$\alpha$	
$\overline{}$	
U	
RECORDS,	
<b></b>	
щ.	
Œ	
-	
⋖	
_	
OF VITAL	
ш	
<u> </u>	
-	
4	
$\cap$	
$\simeq$	
(A)	
9,	
DIVISION	
0	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

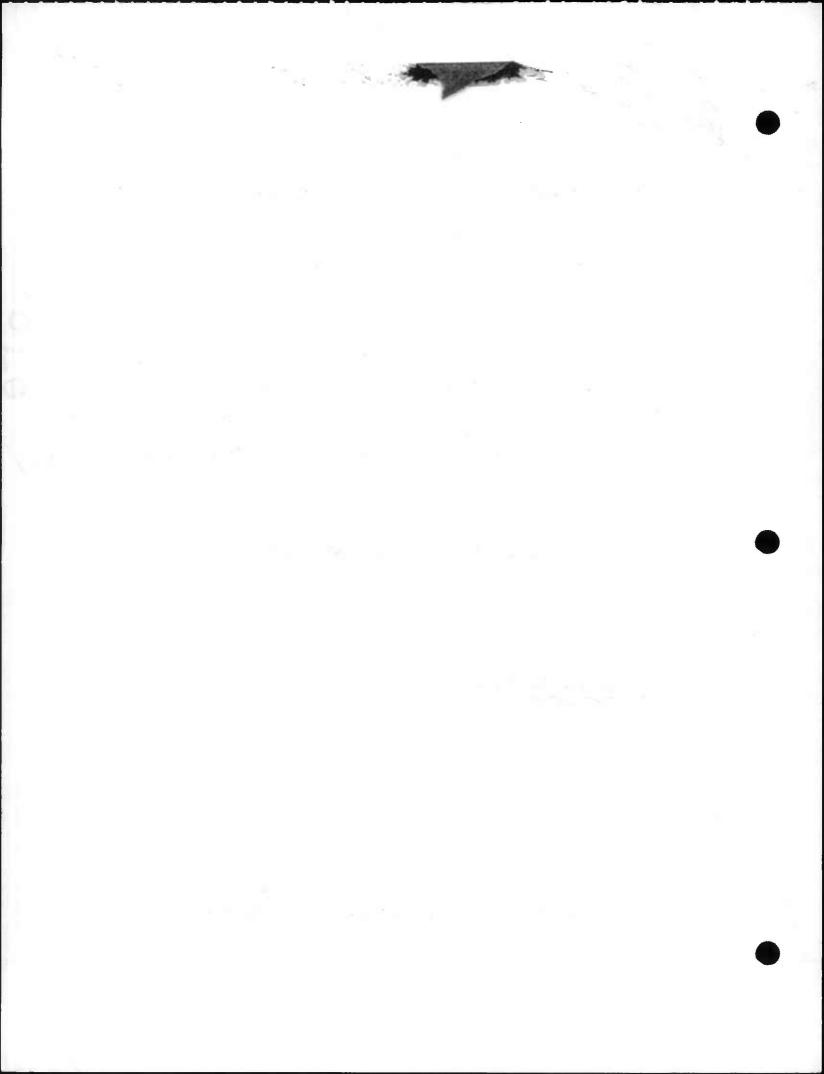
1 - STATE REGISTRAR			C		ICATE			MEMIN	REG. NO.	-		
1. DECEDENT'S NAME (First, I	Middle, Last)								DF DEATH			3. TIME OF OEATH
Sophie			Ko	ski				NOV	ember *	19, 1	994	2.15P W
4. SOCIAL SECURITY NUMBER	R 5	i. SEX	6. AGE (in yrs. i	ast birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DATE	OF BIRTH		a BISTHI	PLACE (State or Foreign
214–14–5906		☐ M 2X F	73	YRS.	MONTHS D	AYS HOUR	IS MIN.	Jaที่ขึ	ary 20	, 192	Country	Maryland
9a. FACILITY NAME (If not inst						WN OR LOC	ATION OF D	EATH		9c. COUN		
Manor Care N	_	Center			Towso	n				Balt	imor	:e
RESIDENCE OF DECI	10b. COUNTY			100 017	Y, TOWN DR L	COATION						
Maryland	Baltin	nore		roc. Crr	T, TOWN DR I	OCATION						10d. INSIDE CITY LIMITS? 1 YES 24 NO
10e. STREET AND NUMBER						10f. ZIP C				10g. CITIZ	EN DF W	HAT COUNTRY?
8127 Loch Ra	ven Bli	/d.				2128	6			U.S.	Α.	
11. MARITAL STATUS		2. WAS DECEDENT	T EVER IN U.S. A	RMED	13. WAS	DECENDEN	T OF HISPAI	NIC ORIGII	N? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 🖔 N 3 Widowed 4 Divorce		IF YES, GIVE W		JAD	17	YES 2 1	ND Specif		HICEN, etc.)		Specify	y. White
15. DECEI (Specify only	DENT'S EDUCAT	ION moleted)	16a. D	ECEDENT'S	USUAL OCCU	IPATION	ation a	166	. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0-1		College (1-4 or 5 +		b. Do NOT u	se retired.)	ng most or wo	orking					
12th				C	rossin	g Gua	rd		Police	e Dep	t.	
17. FATHER'S NAME (First, Mid								ME (First,	Middle, Maiden			
John Pradic							ronic					
19a. INFORMANT'S NAME (7)/2 Alex Koski	oe/Print)								to., Mo		1286	;
20a. METHOD OF DISPOSITIO	ON .				OFDISPOSITIO	÷ .	DIVU	DAT		ATION — C		
1 Burial 2 Cremation 4 Donation 5 Other (5		I from Stata	cemetery, c	rematory or o								
21. SIGHATURE OF EUDERAL		11/ Page	M.	Alla		WE AND ADD	RESS OF FA	CILITY	19/94 1	Barto	. / IV.	ia.
1	uny)	Jugur	0000	1	The	Johns	on Fu	nera	1 Home	_		
23. PART I. Enter the dis	easas, or con	nolications that	officed the	Kelth Do	B521	Loch	Rave	n BI	vd., B	alto.	, Mo	
ahock, or had	art failure. Lis	t only one cau	se on aach iir	ia.	iot aintai trie	i inoda oi	dying, auc	n am care	olac or reapir	atory arre	st,	Approximata interval Batween
iMMEDIATE CAUSE (Fine disease or condition resulting in death)		DUE TO	EUN	101	IA							2 DAYS
						0 /	( / - /	1 (	^			P VO
Sequentially ilst condition			HEI		2>	pe.	DE	1 > 2				8 / R
if any, laading to immedi cause. Entar UNDERLYIN			(211 110 11 001101	TOOLINGE D	• •							Ì
CAUSE (Disease or injury that initiated events	у 🕻 с.	DUE TO	(DR AS A CONSI	OUENCE D	F):							-
reaulting in death) LAST												İ
	d											-
PART II. Other significan	t conditions	ontributing to	death but not	reaulting	in the under	rlying caus	e givan in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
									PERFDRI			AVAILABLE PRIOR TO COMPLETION DF CAUSE
										20.00		DF DEATH?
DID TOBACCO US	E CONTRIE	SUTE TO CA	USE OF DE	ATH YE	S $\square$ NO	DE UN	<b>ICERTAI</b>					1 YES 2 ND
25. WAS CASE REFERRED TO					TH (Check only	$\sim$	TOLICITA	,				
EXAMINER?  1   YES 2   ND		IOSPITAL:	ER/Outpatient	3 [] DOA	OTHER:	Mome 5 [1]	Decidence	e [] Othe	re (Sanatha)			
27. MANNER DF DEATH		28a. DATE DF	INJURY	28b. TIM		c. INJURY AT			SCRIBE HDW IN	JURY OCCI	IBED	
1. Neturel 5 P		(Month, Da	ry, Year)	IN	URY	WORK?						
2 Cutoldo	vestigation	28e. PLACE DI	F INJURY — At h	ome, farm				281 1 00	ATION (Street ar	net Mountains	- Outside De	and Alexanders
O _ O	ould not be starmined	building,	atc. (Specify)						or Town, State)	o Number o	r nurer no	idia Numba,
29s. CERTIFIER CERTIF	YING PHYSICIA	N: To the best of	my knowledge d	auth occur	ad at the time	data and of	one and di-	to the e-	una(a) a-d =-		4	
												end manner as stated.
296. SIGNATURE AND TITLE C	OF CERTIFIER					29c. L	ICENSE NUI	MBER		29d. DATE	SIGNED /	(Month, Day, Year)
Samuel Li	7/	ho-				10	09	32	6	► A/	nV	19 1994
30. NAME AND ADDRESS DE I	PERSON WHD C	OMPLETED CAUS	E DF DEATH (IT	EM 27) (Type	. Print)	10				JV /	10	17,111
SAMUEL	O'MA	ANSK	7 8	405		X4	RAV	EN.	BLVD.	BAG	10	MO.21286
NOV 2.8 1994	4 4	32. REGISTRAL	R'S SIGNATURE								1	

FOR

9	
0	
BOX	
P.0	
ш	
Ś	
Œ.	
RECORDS	
æ	
⋖	
$\vdash$	i
VITAL	
9	
7	
ISION	
77	1
ž	
اوم	۹

nospiral of attending priysteam.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	69.
מו שני של מיני מיני מיני מיני מיני מיני מיני מינ	eral director, page 5 should be det	niner must be notified at once.
200 1019 010011 1 1111111 1 10111	ttending physician and completely filled in by the funeral differences property budge premation or removal	28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b
20 20 20 20 20 20 20 20 20 20 20 20 20 2	by the attending physician and	ny injury, or other traumal
2000	TOP All the certificate has been signed by the attending physician the Case Day of House and Mental Mariana mood to	eff, or Item 23 shows an
	JOR. Albert 11	28 is mark

	1 - STATE REGISTRAR				ICATE OF			MILNIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	E OF DEATH		YEAR	3. TIME OF DEATH
1	EDWARD THEO	DORE		KAU	TSCH ,	Sr.		- MOIN	Nov 23"	1994	TEAR	3:50 am M
	The state of the s	5. SEX	6. AGE (In yrs. last		MONTHS DAYS	IF UNDER	24 HRS.	(Mon	OF BIRTH th, Day, Year)		6. BIRTHI	PLACE (State or Foreign
	211 03 02/2	1 🔀 M 2 🗌 F	78	YRS.					19, 19	16	Mar	yland
œ	9a. FACILITY NAME (If not institution, give stre	,			9b. CITY, TOWN						TY OF DE	
5	Saint Joseph Hospita	3			IOW	son, i	viaryi	and		Е	saitm	ore County
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION			-		T	10d. INSIDE CITY
	Maryland Baltir	more Cou	nty	Ba1	timore							LIMITS?
AL	10e. STREET AND NUMBER				100	f. ZIP CODI	_			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	19 Arlen Road, Apar	rtment F				21236	)			U.S	.A.	
5	11, MARITAL STATUS  1 Never Merried 2 X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARM	IED O					N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, , White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 YE	2 🔀 NO	Specif		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Whit	
	15. DECEDENT'S EDUCA	ATION	16e. DEC	EDENT'S	USUAL OCCUPAT	ON		16	b. KIND OF BUS	JNESS/IND		
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 -	(Giv	e kind of v Do NOT us	work done during m se retired.)	ost of working	ng	"			001111	
린		Years		unti	ng Audi	tor		5	State o	of Mar	ryla	nd
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First,	Middle, Meiden	Surname)		
BE	George NMN	K	autsch			Lill			May			Daniels
0	198. INFORMANT'S NAME (Type/Print) Louise Henrietta Ka	nutc <i>c</i> h			ADDRESS (Street							1 01006
	20s, METHOD OF DISPOSITION	autstii				_	. F,	-				nd 21236
	1 Burlei 2 Cremation 3 Ramov 4 Donation 5 XOther (Specify)	rel from State	20b. PLACE AI	ND DATE (	of disposition (A ther place) Cemeter	ame of	11	DAT		CATION —	,	wn, state Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		Talkw	000	22. NAME A				74 Dal	CIIID.	re, I	Marytand
	D 1 1	. 1.	v		John	C. Mi	11er	r, Ir	nc.			
	20 Dette	2 W.	Ruryor	7/	[6415]	3elai	r Ro	oad,	Baltin	ore,	Mar	yland 21206
	23. PART I. Enter the diseeses, pr co ahock, pr haart failure. Li	ist Dnly Dna cau	se on aach iina.	th. po r	not enter the m	ode of dyi	ng, auc	h as cer	diac or reapi	ratory erro	est,	Approximata Intarvai Between
	iMMEDIATE CAUSE (Final disease or condition											Onset and Death
	reaulting in death) a.	END STA	GE CONG	ESTI	VE HEAR	FAIL	JRE					3YRS
z												j
5	Sequentieily list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSEOU	JENCE OF	<b>ና</b> ):							
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury											
Ë	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	JENCE OF	<b>ና</b> ):							
CERTIFICATION	d.						_					
AL.	PART ii. Other significent conditions	contributing to	deeth but not re	sulting i	in the underlyir	g cause g	lven in	Pert I.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	INOPERABLE MITRA	L REGUR	GITATION						1 TYES 2			COMPLETION OF CAUSE OF DEATH?
ME	ARTIAL FIBRILLATIO									1		1 □ YES ŽYŽ NO
	DID TOBACCO USE CONTRI	BUTE TO CA	USE OF DEAT	H YE	S 🗆 NO 🛭	UNC	ERTAIN	V 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check only one OTHER:							
YSI	1 TYES 2 TO NO	inpatient 2	ER/Outpetlant 3	DOA	4 Nursing Hor	na 5 🗆 Ra	aldencs	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  Notural 5 Pending	28s. DATE OF (Month, De	INJURY sy, Year)	28b. TIMI	URY W	URY AT	1	28d. DE	SCRIBE HOW IN	JURY OCC	URED	
B	Accident Investigation	28- PLACE O	F INJURY At hom	4		YES 2	NO.					
B:	3 Suicide a Could not be determined	building,	etc. (Specify)	NA, FARTITI, A	rreet, ractory, ome	•	- 1	City	OATION (Street at or Town, State)	nd Number	or Rural Ro	oute Number,
	29a. CERTIFIER											_
COMPLETED	(Check only one)  1 CERTIFYING PHYSICI.  2 MEDICAL EXAMINER:											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				n, in thy opinion,				and place, and			
BE		Pm	1.01-	ma	21	29c. LICE				29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print)	D 41	4140			- 1	1-3	3-94.
	JOGINDER P. MEHT		r. JOSEPH			NTEF	TO	WSO	N,MD 21	204		
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE									
1	NOV 2 8 1994 Jul	a daunter	Mardall									



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be detached for use as the bunial-transit permit. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	REGISTRAR			EHIIF	ICALE	: OF	DEATH		R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	5							DATE OF D	DA	Y ,	YEAR	3. TIME OF DEATH
- 1	10001			-					NOV	0,0	4	94	8.03 AM
	4. SOCIAL SECURITY NOMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER	1 YEAR DAYS	IF UNDER 24 HR		Month, De	v. Year)		8. BIRTH Count	HPLACE (State or Foreign ry)
	586-18-6652	1 📉 M 2 🗌 F	82	YRS.	- 24				May 9	), 19	912	Kore	ea
_	9e. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY,	TOWN (	OR LOCATION OF	DEATH			9c. COU	NTY OF D	EATH
DIRECTOR	Sinai Hospital				Bal	time	ore						
<u>5</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		T									
E	100000000000000000000000000000000000000				Y, TOWN O		ION						10d. INSIDE CITY LIMITS?
	Maryland Balti	Lmore		Ba	Ltimo	_							1 YES 2 NO
اچ	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	2000 Odell Ave.						21237				U.S	S.A.	
וַ הַ	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A				ENDENT OF HIS				or No-	14. RACE	E — American Indian, k, White, etc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		,,,,,			2 □XNO Sp		eno nicen	, •ιι)		Speci	ffy:
												Whit	e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. D	ECEDENT'S Give kind of v e. Do NOT us	VORK done of	CUPATIO	ON st of working		16b. KINI	D OF BUS	INESS/INI	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5 +	,										
M	12 yrs		I	nvent	ing				In	ivent	ting	-Bus	siness
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (F	irst, Middle	, Maiden	Sumeme)		
띪	Joo Bok Lee			<u></u>					nown				
2	19e. INFORMANT'S NAME (Type/Print)		19				nd Number or Ru						
-	James Cha			1207	Temf	ielo	d Rd. T	owso	on, M	1d. 2	21286	5	
	20e, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval leben State		AND DATE O		TION (Ne	me of	1	DATE	20c. LO	CATION —	City or To	wn, State
1	4 Donetton 5 Other (Specify)	V////		ney V	alle			11	-26	Time	omi un	ı. Mo	
	21. SIGNATURE OF FUNERAL BERVICE LIC	THERE DOT	7				D ADDRESS OF						
	-14X	KIN			1	uck 050	Towson York R	Fun d T	leral	. Hon	ne, 1	nc.	
	23. PART I. Enter the diseases, or o	omplications that	causad tha d	eath. Do n									Approximata
	shock, or heart failure.	List only one cau	se on aach lin	a.									intarval Between
	IMMEDIATE CAUSE (Final disease or condition	0.0	- 1			1	11.0 -00						Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE OF	4	0	HAPSE						70445
_		color			,.								1.0.4-
CERTIFICATION	Sequantially list conditions,		(OR AS A CONSE		7):								nanys
Ă	if any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Diseasa or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7):								
	resulting in death) LAST	4											
	0.000 11 011 11 111 111												
Ŋ.	PART ii. Other significant condition:		daath but not	resulting i	n the und	darlying	g causa givan	in Part	l. 24a.	PERFOR		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	COPD, CACh	exiA				_			1 [	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
¥										φ*			1 U YES 2 NO
	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	ATH YE	SIN	10 C	UNCERT	AIN [	וכ				
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PLA	CE OF DEAT									
Š	1 🗆 YES 2 🗖 🕫 O	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Residen	ce 8 🗆	Other (Spa	ecify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIMI	E OF	28c. INJ	URY AT	28d.	DESCRIB	E HOW IN	JURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation		,,,	1	М		ES 2 NO						
	3 Suicide 8 Could not be	28e, PLACE Of	F INJURY — At he	ome, term, s	treet, facto	ry, office		281.	LOCATION	N (Street a	nd Number	or Rural F	Poute Number,
	4 Homicide determined		10,000,000,000						City or Tow	vii, Stelej			
COMPLE	294. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occurre	d at the tir	ne, date	end place, end o	tue to the	e ceuse(s)	end men	ner en sta	lad	
록∥	one) 2 MEDICAL EXAMINE												) end manner es stated.
	296, SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE I						
4	KIND VILI	1 0	7				7				Z9G. DAI	12. 1	(Month, Day, Year)
2₩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITS	M 27) /Turne	Print)		0 143	96			- (1	14	14
Л	S . 2 C		na Ho			1	11-						
	31. DATE FILED (Month, Day, Year)			A) LIKY	05	50	CTO.						
	NOV 2 8 1994 July	22. REGISTRA	Rardall										
	140 4 10 10 1												

ML

		1 - STATE REGISTRAR		CERTII	FICATE C	F DEATH	REG	. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)				· · · · · · · · · · · · · · · · · · ·	2. DATE OF DEA	TN	3. TIME OF DEATH	
	- 1	CHRISTINA			LAMBE	RT	NOV.	15 19	94 12:46	Рм
-		4. SOCIAL SECURITY NUMBER	5. SEX a. AGE	(In yrs. last birthday			7. DATE OF BIRT	N 8	BIRTHPLACE (State or Foreign	ign
-		217 29 8102	1 🗆 M 2 🔀 F	YRS.	MONTHS DAY	A HOURS MIN.	July 25	1000	Manuland	
3 should		9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOV	N OR LOCATION OF D	EATN		Y OF DEATH	
2, 3	ECTOR	2309 fleet stre	eet		BA	LTIMORE	CITY	====	_===	
& -:	띮	10e. STATE 10b. COUNT		10c. C	TY, TOWN OR LO	CATION			10d. INSIDE CITY	
. Pages	DIR	Manyland ====			altimor				LIMITS?	
permit.		10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
is:	FUNERAL	2309 Fleet Stre	et			21224		и.	S.A.	
020 physician. burial-trar	E	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes	DECENOENT OF HISPA , specify Cuben, Mexic	an, Puerto Ricen, et		4. RACE — American Indian, Black, White, etc.	
215-0020 attending physic ise as the burial	B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 NO Specif	fy:		Specify: White	
as an Or	8	15. DECEDENT'S EDU	CATION		S USUAL OCCUP		18b. KIND O	F BUSINESS/INDUS		
2121		(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind o life. Do NOT	f work done during use retired.)	most of working				
AND 2. the hospital of detached for once.	<u>F</u>	0		none						
the hor detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)	, , ,	,			AME (First, Middle, M	,		
RYL ed by	H		oseph Lambe				ree AUL			
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.	2	Sharon Aulton				et and Number or Aural			cland 21401	
		20a. METHOD OF DISPOSITION	20	b. PLACE AND DATI				c. LOCATION — CIT		_
MORE, age 6 may be director, page or must be		1 Donetion 5 Other (Specify)	oval from State	metery, crematory or	other place)	rial Park	11/18	Slan Run	nie, Manylan	ad
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	rear nave	32. NAM	E AND ADDRESS OF FA	ICILITY -	ALER DUR	o 1	ш_
ALTIMORE, death. Page 6 may be funeral director, page		P. L. IS	of Plan		400	ge y. yon	ce tuner	al Home	P.A.	
		23. PART I. Enter the diseesea, or o	complications that cause	ed the death. Do	not enter the	MUTCALE .	nwy. Da	ltumore,	<i>Md</i> . 2/225	
nours after or remove medical		shock, or heert fellure.	List only one ceuse on	eech line.	not onto, the	mode or dying, ade	on cordiec of	respiretory errea	interval Betv	ween
the the		IMMEDIATE CAUSE (Final disease or condition	TALLIAT TALAMS	ATTON					Onset and D	Peatn
760. ad within ompleter il, crema event,		reaulting in death)	a. SMOKE INHAL OUE TO (OR AS	A CONSEQUENCE	OF):					
	z		b							
× s - 5	CATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):					
BO cate by ohysicia e prior	FICA	CAUSE (Disease or Injury	C. OHE TO (OR AC	A CONCEQUENCE						
certificate ding physical physical control of the c	E	thet initiated events resulting in death) LAST	OUE TO (OH AS	A CONSEQUENCE	OF):					
D 5 5 0	CEF		d						—— <del> </del>	
이 일 등 조 등	CAL	PART II. Other aignificent condition	a contributing to deeth	but not reaulting	in the underl	ying cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO	
	5 1							ES 2 NO	COMPLETION OF CAU DF GEATH?	
RECC requires been sign of Healt	ME								1 TYES 2 NO	
L saw		DID TOBACCO USE CONT	RIBUTE TO CAUSE (	OF DEATH Y	ES NO	☐ UNCERTAI	N 🗆			
1 2 2 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE	OTHER:	ne)				
SICIAN certific the S	IYS	1 TYES 2 NO 27. MANNER OF OEATN	1 Inpetient 2 ER/Out 28e. OATE OF INJURY		4 - Nursing I	iome 5 X Residence				
NG PHYS frer this ceath with marked,		1 Netural 5 Pending	(Month, Day, Year)	10	IJURY M	tNJURY AT WORK?  YES 2 XXNO	The State of	IOW INJURY OCCUI	REO	
After death	B	2 Accident Investigation 3 Suicide 8 Could not be	11/15/94 28e. PLACE OF INJUR	Y — At home, ferm	OWN		ARSON HO		Rural Route Number,	
ON STENDING PHYSICIAN: OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Six Nem 28 is marked, or it		4) Homicide a Could not be determined	building, etc. (Spi	ecify) HOME	,		City or Town. 2309 FLEE	State)	That House Harrison,	
OR A DIRECT Hours		290. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my know			tota and alone and de-				_
475+	COMPLETE								, ceuse(a) end manner ee state	ed.
HOSPITAL FUNERAL WITHIN 72	- 11	29 SIGNATURE AND TITLE OF CERTIFIE		17-1-10 24-11		29c. LICENSE NU				
TO THE HOSPIT, TO THE FUNERA Be filed within 7 IMPORTANT: I	B	Wally to the	Thele			O.C.M.			OV. 16, 1994	
F 5 8 ₹	2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Typ	e, Print)					
J		MARGARANTS A.	KOREU HM	111 Per	nn Str	eet, Bal	timore	, Maryl	and 21201	
		31. DATE FILED (Manife Con Yer)	Ph. Delian Variety	MURE						
	ı	MAN 0 1334 Jm		**						

020	physician.
BALTIMORE, MARYLAND 21215-0020	uted within a nours after death. Page 6 may be retained by the hospital or attending physician.
$\overline{z}$	ŏ
N	hospital
V	9
	20
$\succ$	5
MAR	etained
	63
ii.	۵
æ	E
0	9
Σ	Page
ALT	death.
0	after
	nours
	Ð.
o,	rithin
9	×
8760,	utec

Pages 1, 2, 3 should

permit.

burial-transit

the

SE

USe

Ď

be detached

5 should notified m

page 9

funeral

the

filled in by

IRECTOR

5

FUNERAL

BY

ED

Щ

COMPL

ш

9

Ħ

must director,

medicai examiner

CERTIFICATION

MEDICAL

PHYSICIAN:

В

4 Homicide

COMPLETED

BE

2

	ī	file	ion,	the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
9/	P9	UMO:	al, c	8
9	xecut	and	buri	natic
X	pe e	lan	07 10	aur
B	sate	hysic	bu bu	1
o'	ertific	ng p	giene	othe
<u>.</u>	th	endi	Ŧ	0
Ś	dea	e att	lenta	Ľ,
0	the	y th	≥ P	E
0	tha	ed t	th a	any
Ö	uires	Sign	Heal	N.S
æ	req	een	0	sho
ب	3W	as L	<b>Dept</b>	23
Z	The	ate h	ate	E
>	IAN	Tific	S	1 10
F	YSIC	S Cel	##	Ď,
7	F	F	h Wi	arke
ō	DING	Afte	deat	E
S	TEN	DH.	ffer	80
>	A AT	RECT	Jrs a	m 2
	100	0	ğ	=
	PITA	RA	22	=
	HOS	F.	THE STATE OF	MM
	뽀	Ή	pa	OR
	101	101	pe f	M

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH A 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Marion Evelyn Lamartina 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 ONTHS BYAG HOURS 1 - M 2 - F 70 YRS. 218-18-0936

ND N	MENTAL H	YGIEN REG. NO.	E			
	2. DATE OF MONTH NOV.		994	YEAR	3. TIME OF DEATH	N
HRS. MIN.	7. DATE OF (Month, Di	w Year)	924	Count	ington DC	
OF DEATH 9c. COUNTY OF DEATH						
ver Baltimore						
dd1	lle River 10d. INSIDE CITY LIMITS?					
			10g. CIT	IZEN OF	WHAT COUNTRY?	
20				USZ	A	
HISPAN Maxicar Specify	IC ORIGIN? (S n, Puerto Rice	specify Yes n, etc.)	or No-		E — American Indian, k, Whita, atc. #y: White	
	16b. KIND OF BUSINESS/INDUSTRY					
	ME (First, Midd Y Ka			n		Ī
Rural R	Bal	City or Town			1221	
'26,	/94			ore l		

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION 222 Riverthorn Road Middle Ri RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. **Baltimore** Mi 10e. STREET AND NUMBER 10f. ZIP CODE 222 Riverthorn Road 212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF I FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 TONO 3 ₩ Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) st of working Elementary/Secondary (0-12) College (1-4 or 5+) 12t.h Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER Turner Arlington Wilson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or 336 Stemmers Run R Carol Campbell 20e. METHOD OF DISPOSITION

State

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of HOIIV HIII Cemetery 11/ 6 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md.21221 23. PART i. Enter the diseases, or con pleations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each lims. Approximata intarvsi Between IMMEDIATE CAUSE (Finsi Onset and Daeth Intastorio carcunag/m disease or condition resulting in death) DUE TO (OR AS A CONSEQUEN

				1	i
Sequantisly list conditions, if sny, laading to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A CONSEC				
	TRIBUTE TO CAUSE OF DEA			PERFORMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO		OTHER	only one)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	-	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, straet, facto	ory, offica	281. LOCATION (Street and Number of City or Town, State)	Rural Route Number,

29a. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner ee stated.

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data end piece, end due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) CM

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Milner 404 Eastern Blvd. Baltimore Md. 21221

31. DATE FILED (Month NOV2 g 32. REGISTRAR'S SIGNATURE his dhuden hardell

_
S
_
-
-
87
(0)
4
$\sim$
$\sim$
0
80
_
~
landed .
$\sim$
$\sim$
_
•
Δ.
ED.
40
S
-
~
-
C.3
_
Ö
$\circ$
0 . 0
R
-
<b>T</b>
_
_
<b>63</b>
-
_
-
-
11
L
F
PF
OF
OF
FO Z
N OF
N OF
JO NC
ON OF
ION OF
SION OF
SION OF
ISION OF
ISION OF
VISION OF
IVISION OF

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

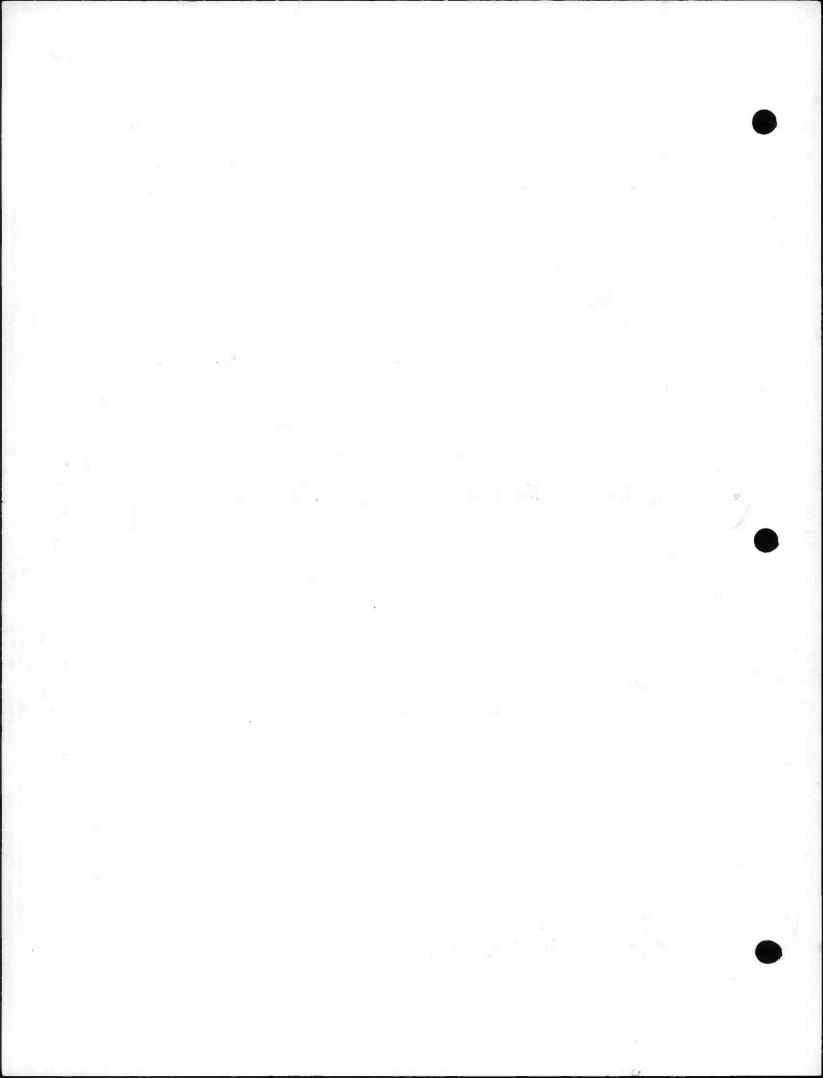
LORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

I them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į.	1. DECEDENT'S NAME (First				-					2. DATE OF DE			VEAG	3. TIME OF DEATH	
	PHILIP	JAMES	5 ME	YERS						NOVEMBI	ER 2	6 19	94	4:43 am a <sub>m</sub>	
,	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. last birthday)		R 1 YEAR			7. DATE OF BII (Month, Day,			BIRTHPLACE (State or Foreign Country)		
	212-07-9118		1 № M 2 🗌 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Sep. 27		913	Court	Md.	
_	9a. FACILITY NAME (If not in												c. COUNTY OF DEATH		
ē l	GREATER BAL		MEDICAL	CENTE	ER	TOWSON BALTIM						TIMO	RE		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CD	Y, TOWN	ORLOC	ATRON						10d. INSIDE CITY	
E	Md.		timore		100.01									LIMITS?	
	10e. STREET AND NUMBER		rimore			10	ows	OII lof, ZIP COD	F .			10a CIT	ZEN OF N	1 YES 25 NO	
8	416 Donegal					286					S.A.				
FUNERAL	11. MARITAL STATUS		12. WAS DECEOEN			13.	WAS DE			HC ORIGIN? (Spe	cify Yea	or No —			
	1 Never Married 2 %		FORCES? 1 IF YES, GIVE V				If yes, s		n, Maxica	n, Puerio Rican,					
The secondary (0-12) College (1-4 or 5 +)  15. OECEDENT'S EOUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										White					
Š	17. FATHER'S NAME (First, M	liddle ( aa)			Cle	rk		T		Amos					
	Nicholas	rudie, LESI)		Marran	_					ME (First, Middle,	Maiden :				
B	19a, INFORMANT'S NAME (7	Vne/Print)		Meyer		ADORES	C /Ctmar	Min		Route Number, Cit			nox		
임	Mrs. Alice		•		1								Code)		
	20a. METHOD OF DISPOSIT			20b. PL	ACEAND DATE	_			JWSO.	n, Md.			City of To	own, Stata	
	1 29 Burlet 2 Cremetic	on 3 Remo	oval from State	cemeter	ry, crematory or o	ther place!	}		11	1				111	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1101	<u>kwood</u>	od Cemetery 11/29/94 Baltim 22. NAME AND ADDRESS OF FACILITY						LCIII	re,	MQ.	
DO DON Ruck										uneral					
	23. PART i. Enter the di	ineases, or c	omplications the	e deeth Do	1(	050	York	Rd.	Towson	Mo	1. 2	1204	1 American		
1	IMMEDIATE CAUSE (Final												interval Between		
	disease or condition	nal	m	a 000	selv.	1	m F	7. AC T						Onaet and Death	
- 1	DUE TO (OR AS A CONSEQUENCE OF):									hrs					
z	disease or condition resulting in deeth)  a. My Orarded IN Farction  DUE TO (OR AS A CONSEQUENCE OF):  Route Renal Failure  [W]										Ilwi				
은	Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A CO	INSEQUENCE O										
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or Inju		2	was.		Ma	لص	1	au	ins				IWK	
	that initiated eventa resulting in deeth) LAS	<i>'</i>	OUE TO	(OR AS A CO	INSEQUENCE O	F):									
H H	resulting in deetil) LAS		i												
- 11	PART II. Other aignifica	nt condition	e contributing to	death but	not reculting	in the u	nderlyi	ng ceuse g	given in	Part I. 24a.		AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
MEDICAL	grand	metu	s hung	dus	- Rus	ps	Sus	معع	Tho		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	0		0							_   ''	123 2	- North		OF DEATH?	
- 11	DID TOBACCO	O USE C	ONTRIBUTE	TO CA	AUSE OF	DEA.	TH	YES	NO	T3-					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:					PLACE OF D	EATH (Ch	ock only one)	-				
हुं	1 TES 2 Me		14 Inpetient 2	ER/Outpetie	nt 3 🗆 DOA	4 Nu		ome 5 🗆 Ra	sidenca	8 Other (Spec	clfy)				
ᇤ	27. MANNER OF DEATH	B 41	28a. DATE OF (Month, D		28b. TIN	IE OF JURY		NJURY AT		28d. DESCRIBE	HOW IP	JURY OC	CUREO		
ਨੂੰ		Pending Investigation				М		YE\$ 2	NO						
		Could not be	28a. PLACE O building,	atc. (Specify)	At home, term,	atreet, tac	tory, off	lica		28f. LOCATION City or Town	(Street a.n., State)	nd Number	or Aurel I	Route Number,	
29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as at															
<u> </u>	2 MED	CAL EXAMINE	R: On the basis of a	xamination en	id/or Investigation	on, in my o	opinion,	death occur	red at the	time, data and p	laca, and	dua to th	na Cause(s	s) and manner as stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIER	1 1	0. 5	( N		. 1	29c. LICI	ENSE NUN	IBER	1	29d. DAT	E SIGNED	(Month, Day, Year)	
	MC Ka	mel	15	nu)		end	4)	DI	2 8	OX		▶ t	112	444	
	30. NAME AND ADDRESS OF							1.00	-						
	WILLIAM E		32, REGISTRA	# 33		205	7	UKK	140	LUTH	HE R	UILL	G.M.	7 71093	
	NOV 2 8 19	94 Ju	be d'aveles	Randa	4										



TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

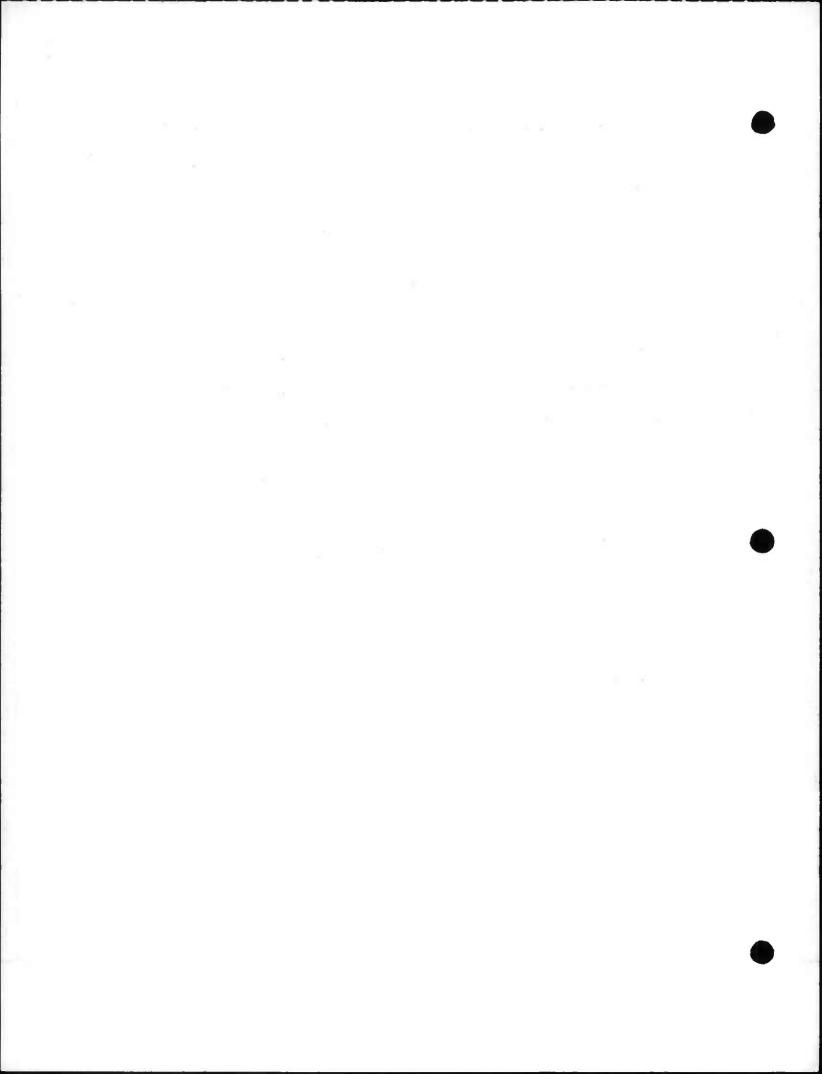
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ιt	em # 4,10b,10c,10d Fil	m # G 718	12-02-94	N.A.	Per	Fun	eral	nome		- 7 L	ł (	34831
	1 - STATE REGISTRAR	SIAIE UF I	MARTLAND /	UEPAR	ICATE	UFR	IEALI H	ANU I	MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  ORVILLE	Α	MC	RGA	٧			2. DATE OF DEATH DATE NOV 2	¥ 198	YEAR	3. TIME OF DEATH 8:25 pm M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 20 M 2 D F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Mar)	1924 Naryland		
œ	9e. FACILITY NAME (If not institution, give st				9b. CITY			ON OF DE		9c. COU	NTY OF E	
OT	Saint Joseph Hose RESIDENCE OF DECEDENT	oitel				Tov	noev.	Man	yland	imore		
DIRECTOR		Baltimore		10c, CIT		OWN OR LOCATION  Idlweylde  10d. INSIDE LIMITS? 1 YES 2						
FUNERAL	100. STREET AND NUMBER 905 Overbr	rook Road	ì			101	. ZIP COD	<sup>5</sup> 212	39	10g. CIT		WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AR YES 2 N WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Maxican, Puerto Ricen, atc.)  1 YES 2 2000 Specify:  14. RACE — American Indiana, White, etc.  Specify:  White						k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	ve kind of	usual or work done of se retired.) trica	during mo	st of worki	-	166. KIND OF BUS					
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden	Surname)		
TO BE	John Morgan  Satherine Link  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Hilda Lorraine Morgan  905 Overbrook Road Baltimore, Maryland 21239  201. HETHOD OF DISPOSITION  202. PLACE AND DATE OF DISPOSITION   DATE   202. LOCATION - City or Town, State   120 Sta											
20b. PLACE AND DATE OF DISPOSITION (Name of Location — City or Town, some part of the source of the										Co., Md.		
	Ama Z	Bur	Lyen	h	B	ruzo	lzins East	ki F	uneral Hom Ave. Balti	more	Mo	. 21221
	23. PART I. Enter the disease, or c shock, or heart feilure. I IMMEDIATE CAUSE (Finel	omplications that List only one cau	t caused the de se on each line	eth. Do r	not enter	the mo	de of dy	ing, auct	n ea cardlec or respl	ratory an	reet,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)  CARDIAC ARREST  DUE TO (OR AS CONSEQUENCE OR) and Dashy cardy											
NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
CATI	couse. Enter UNDERLYING CAUSE (Disease or Injury Cartery Alistase with recent											
CERTIFICATION	that Initiated events reculting in deeth) LAST  DUE TO (OR AN A CONSEQUENCE OF THE ANGLE OF THE											
- I	PART II. Other algnificent conditions contributing to deeth but not reculting in the underlying cause give in Part I. 24. Washingurings.											
MEDICAL	hx of ce	ubio	Vaseu	la	a	w	de	4	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NATO
AN:	DID TOBACCO USE CONTR	RIBUTE TO CA					UNC	ERTAIN	10			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER	R:	• 5 □ D•	aldones (	8 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF (Month, D	INJURY	28b. TIM		28c. INJI	_		28d. DESCRIBE HOW IN	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	ne, 1arm, s					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one)  1 DERTIFYING PHYSIC								to the cause(a) and man			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER			, vestigatio	at, itt my o	Jamon, de	-	NSE NUM			E SIGNED	
5 B	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IZEN	Ph (7/po,	Print)	44		400	125	<b>&gt;</b> /	1/2	25/94
	FOYCE Zes	32 REGISTPA		601	4	xh	Ra	ven	BIVD (	Bal,	him	ore, Md
												1237

MFUNIANI. II ITEM 26 IS MARKED, OF ITEM 25 SHOWS ANY INJURY, OF OTHER TRUMBALC EVENT, THE MEDICAL EXAMINER MUST DE NOTITIED AT ONCE.
--

	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  Bernice M.	McKinzey			2. DATE OF DEATH MONTH DAY NOVEMBER 24	YEAR 3. TIME OF DEATH				
	000 00 0000	3.7		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 27, 1927	s. BIRTHPLACE (State or Foreign Florida				
TOR	9e. FACILITY NAME (If not institution, give stre Union Memorial I	ŕ	96	CITY, TOWN OR LOCATION OF Baltimore Ci	DEATH 9c. C	OUNTY OF DEATH N/A				
DIRECTOR	10a. STATE 10b. COUNTY ND N	/A		timore		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗀 NO				
FUNERAL	10e. STREET AND NUMBER 401 E. 25th Sti	ceet Apt.	2Ј	107. ZIP CODE 21218		U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	13. WAS DECENDENT OF HISP If yea, specify Cuben, Maxi 1 YES 2 NO Spec	14. RACE — American Indian, Black, Whita, atc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elamentary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	life. Do NOT use rei	done during most of working	uring most of working Factory					
BE COM	17. FATHER'S NAME (First, Middle, Last) John Massey	.,	18. MOTHER'S	IAME (First, Middle, Maiden Surname Nelson	0)					
TO B	19a. INFORMANT'S NAME (Type/Print) Jerdean Hunter	Zip Code) alto., MD21218								
	20c. LOCATION — City or T   20c. DOCATION — City or T									
	21. SIGNATURE OF FUNERAL SERVICE LICEI	Blollane	L	MARCH FOR CE 1101 E. NOR		ro., MD 21202				
	23. PART I. Enter the diseases, or co- ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Right L	consequence of:	re Injundio	n with unce	Interval Between Onset and Dasth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. Hybertengion  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
AL.	PART II. Other significant conditions	contributing to death b	ut not resulting in the	ne underlying cause given i	Part I, 24a, WAS AN AUTOPS PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 YO NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		IN 🗆					
SIC		HOSPITAL:		HER: A Realdence	6 Other (Specify)					
BY PH	27. MANNER OF DEATH  1 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT N A WORK? 2 NO	28d. DESCRIBE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	ny)	i, factory, office	28f. LOCATION (Street and Num. City or Town, State)	eet and Number or Rural Route Number, ate)				
COMPLETED					ue to the cause(a) and menner ea s ne time, date end place, and dua to	stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Shah	W.D.		UMBER 29d. 0 946 € 14	ATE SIGNED (Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WHO	She bo	Union	"Memorial	Hoop, tal	· ·				
NOV 2 8 1994 1001) Julia Discharting Scharure										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEM: 1. PER F.H. FILM G-717 11/28/94 t.t

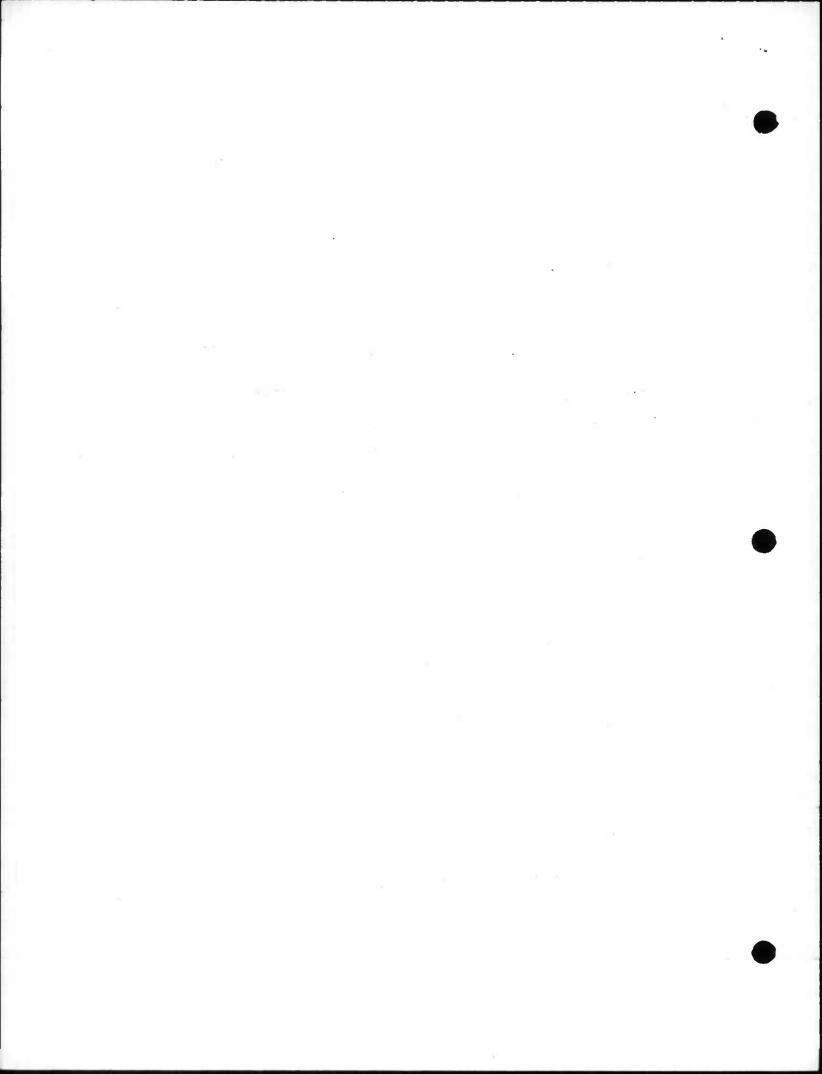
	1 - STATE REGISTRAR		MANTLAND C	ERTIF					INCIA	REG. NO.	E .			
	1. DECEDENT'S NAME (First, Middle, Last)	FANNIE BE								ATE OF DEATH			3. TIME OF DEATH	
	-Fannie	-	11						ovember	1994	м			
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. I	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. D/	ATE OF BIRTH	21,	8. BIRTHE	PLACE (State or Foreign	
	216-18-7055	1 □ M 2XX F	79	YRS. MONTHS DAYS			HOURS	MIN.	FFF	forth, Day, Year) 3.20, 19	15	N. Country	AROLINA	
	9a. FACILITY NAME (If not institution, give s	treet and number)	d number) 9b. CITY, TOWN OR LOCATION OF DEATH						3.20, 13		9c. COUNTY OF DEATH			
S	2117 Sinclair Lar	ne			Ba	ltin	ore		n/a					
5	RESIDENCE OF DECEDENT											11/ α		
DIRECTOR	MADAL AND			10c. CITY, TOWN OR LOCATION BALTIMORE									10d. INSIDE CITY LIMITS?	
	MARYLAND n,	/ d			DAL								YXX YES 2 NO	
FUNERAL						101	ZIP COD	212	UNITED S				TATES	
W W	2117 SINCLAIR LAI													
2	1 Never Merried 2 Married	FORCES? 1	YES 2V	YES 2V VNO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blac						Black.	— Americen Indien, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES'	•		1 TYES	2 X XNO	Specif	y:			Specify	BLACK	
COMPLETED	15. DECEDENT'S EDU		16s. D	ECEDENT'S	USUAL O	CCUPATIO	N N	_		16b. KIND OF BUS	INESS/IN			
H.	(Specify only highest grade Elementary/Secondary (0-12)	·) //	Give kind of le. Do NOT u	work done se retired.)	during mo	st of worki	ng							
릴	12 TH		DIETA	RY	AIDE				ST. AGN	ES	HOSP I	TAL		
Š	17. FATHER'S NAME (First, Middle, Last)			-		18. MOT	HER'S NA	ME (Fir	st, Middle, Malden	Sumama)	-			
BE	ARCHIE MC					L	ENA	ŲŲ	IICK					
2	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,							. State, Z	te, Zip Code)		
	JUNE JACK		3814	ANDV	IEW	AVE	VENUE, BALTIMORE, MD 21215							
	20e. METHOD OF DISPOSITION 1 ☑ Youriel 2 ☐ Cremetion 3 ☐ Rem	20b. PLACE								OATE 20c. LOCATION — City or Town, State  11-26 LANSDOWNE, MD				
	4 Donation 5 Other (Specify)		MT	Z10	Nei pia C	EMET	ERY	1	1-2	26   LAN	SDOW	NE, M	D	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AODRESS OF FACILITY  March F/H East													
	Demand D	Johnson	,		11	Ol E	. No	rth	Ave	enue/Bal	timo	ore, M	ID 21202	
	23. PART I. Enter the diseeses, or	omplications the	t coused the d	leeth. Do i									Approximete	
	shock, or heert fallure. Liet only ona ceuse on sech line.  IMMEDIATE CAUSE (Finel										Interval Between Onest and Death			
		2 hccall	alvosculor accident							3hrs				
	resulting in death)	DUE TO	(OR AS A CONSI	EOUENCE O	F):	V		<u> </u>	,				2/1/3	
2		hyp	serten	AS A CONSEQUENCE OF:										
일	Sequentially list conditions, if any, leeding to immediate	OUE TO	(OR AS A CONSE	BEOUENCE OF):									1 913	
<u>১</u>	CAUSE (Disease or injury	C												
RTIFICATION	thet initieted events	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
CER	resulting in destill Exer	d			_									
	PART II. Other significent condition	s contributing to	deeth but not	resulting	n the ur	nderlying	cause	given in	n Part I. 24a, WAS AN AUTOPSY 2				WERE AUTOPSY FINDINGS	
SAL	Emphysema	· peri	nhera	1 VO	MC	ter	Nia	eas	e	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	Denentia		7				100			1 123 2	A NO	1	OF DEATH?	
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	SΠ	NO [	UNC	ERTAI	N A	7			123 200 110	
¥	25. WAS CASE REFERRED TO MEDICAL			CE OF DEA			0110		-	'				
2	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHEI		5 🗆 Re	eldence	8 🗆 0	ther (Specify)				
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF (Month, D.		28b. TIM	_	28c. INJ	_		_	DESCRIBE HOW II	JURY OC	CURED		
2	Natural 5 Pending Accident Investigation	(IMORA), DA	ay, rear)	1	M		ES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At h stc. (Specify)	ome, farm,	street, fact	ory, office	,		28f. L	OCATION (Street a	nd Numbe	or Aurel Ao	ute Number,	
E	4 Homicide determined		otor (oposity)						,	Olty or Town, State)				
COMPLE	29e. CERTIFIER Check only	CIAN: To the best of	my knowledge, d	leath occurn	ed at the t	ime, date	end place	, end due	to the	ceuse(e) end man	ner ee ste	rted.		
2	one) 2 MEDICAL EXAMINE												end menner ee stated.	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI					Month, Day, Year)	
20	15000	1220	nedica	1 1G 7	der	17	011	4 46		1684	290. DA	// / / 7	2 / GU	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	SE OF DEATH (ITI	EM 27) (Type	, Print)			/ 0				/ 4	7 17	
	1000 East F	aser	m 1	13a		na	e n	20	2	1202			1	
		22. REGISTRA			1/.	, 101	- 11		~	1000				
NOV 28 1994														

_	
	į
-	
2	
2	
00	
8	
P.O. BOX 6876(	
×	
0	
m	
_	
~	
O	
oʻ.	
10	
97	
$\alpha$	
VITAL RECORDS,	
$\approx$	
0	
ш	
Œ	
_	
4	
=	
4	
OF	
_	
Z	
$\circ$	
$\preceq$	
S	
=	
NOISINI	
$\overline{a}$	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and nearly fined in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
	BLANCHE	MACKEL				NÖV. 16,	1994 YEAR	7:00 P M			
	4. SOCIAL SECURITY NUMBER 5. S		yrs. lest birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTH Country	IPLACE (State or Foreign			
	213-09-6653 1 Dear FACILITY NAME (If not institution, give street at		O YRS.		R LOCATION OF DE	Nov. 25,	1908 Ma	ryland			
DIRECTOR	Irvington Knoll N	ursing Ce	nter	Ba	ltimore	City					
JEC.	10a. STATE 18b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY			
	Maryland		Balt:	imore				LIMITS? 1 X YES 2 NO			
A	10e, STREET AND NUMBER			101.	ZIP CODE	-	10g. CITIZEN OF V	VHAT COUNTRY?			
FUNERAL	1635 Ruxton Avenu	.e			212	16		USA			
5	11. MARITAL STATUS  1 Never Married 2 Married  12. Y	WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14. RACE	— American Indian, c, White, atc.			
ВҰ	3 Widowed 4 Divorced	F YES, GIVE WAR OR DATE	S		2 NO Specify		Speci D 1	ack			
	15. DECEOENT'S EDUCATION	Ba. DECEDENT'S USU/	AL OCCUPATIO	N	16b. KIND OF BUS		ack				
E	(Specify only highest grade complete Elementary/Secondary (0-12) Coll	leted)	(Give kind of work of life. Do NOT use retin	ed.)	t of working						
MPL	8	0	Homemal	ker		Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	Henry Gray Blanche Gray										
٥	19a. INFORMANT'S NAME (Type/Print) Grace Gibson					Noute Number, City or Town					
		1.000				alto,MD.					
	20a. METHOO OF DISPOSITION  1X Burial 2 Cremation 3 Removal from Stata  20b. PLACE AND DATE OF DISPOSITION (Name of camelety, crematory or other place)  Arbutus Mem. Pk.  20c. LOCATION - City or Town, Stata  Balto.Co. MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ATDULUS Mem. Pk.     Balto, Co., MD  22. NAME AND ADDRESS OF FACILITY  JOSEPH L. RUSS FUNERAL HOME										
	* Sugar 6 7	K. Tusi	٠, ا	JOSE	PH L. R W. Nor	USS FUNE	RAL HOM	E MD 21216			
	23. PAHT J. Entar tha diseases, or compl	1 /						MD 21216			
	ahock, or haart fallure. List of immediate Cause (Final disease or condition	only one cause on each	n lina.		a or dynig, such	t de cardiac or reap	attory arraat,	Approximate interval Batween . Onset and Death			
	reaulting in death)  a. OUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, b. Intestigned of the sequence o										
ATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF	1.	ad C.I.	m					
CERTIFICATION	resulting in death) LAST	Card	nopenin	11ms	ory ar	rest'		ļ			
	PART II. Other aignificant conditions con										
CAL	Dements	inbothing to death but	not rasulting in the	s underlying	cause given in	Part I. 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED						1 YES 2	X NO	OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF	DEATH VEC I		UNCERTAIN			1 Tes 2 No			
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF OEATH (C/		UNCERIAII	101					
SIC		SPITAL: Inpatient 2 - ER/Outpatie		HER: Nursing Home	5 - Rasidenca	6 Other (Specify)					
됩	and	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	26d. OESCRIBE HOW IN	JURY OCCUREO				
BY	1 Natural 5 Pending 2 Accident Investigation		1	1 🗆 Y	ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, term, atreat,	factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Rural F	loute Number,			
	29a, CERTIFIER										
COMPLETED	(Check only one)  29a. CERTIFYING PHYSICIAN: (Check only one)  2 MEDICAL EXAMINER: On							) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND TITLE OF CERTIFIER THE AND										
임	30. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		~ ~ ~ ~	,	171 101	7 7			
	T'Ohiokpehai, m			HEAT P	rue Ball	-, mo 2	11215				
		32. REGISTRAR'S SIGNATU									
	NOV 28 1994	Lis Dendem Ra	while								



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	NECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and occur with the class copy, or negative and montain systems pring to contain the medical examiner must be notified at once.
AL OR ATTENDING PHY	AL DIRECTOR: After this	ē
HE HOSPI	HE RUNER	DRIANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. OATE FILED (Month, Day, Year)
NOV 2 8 1994

Jula ORUGION PONATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

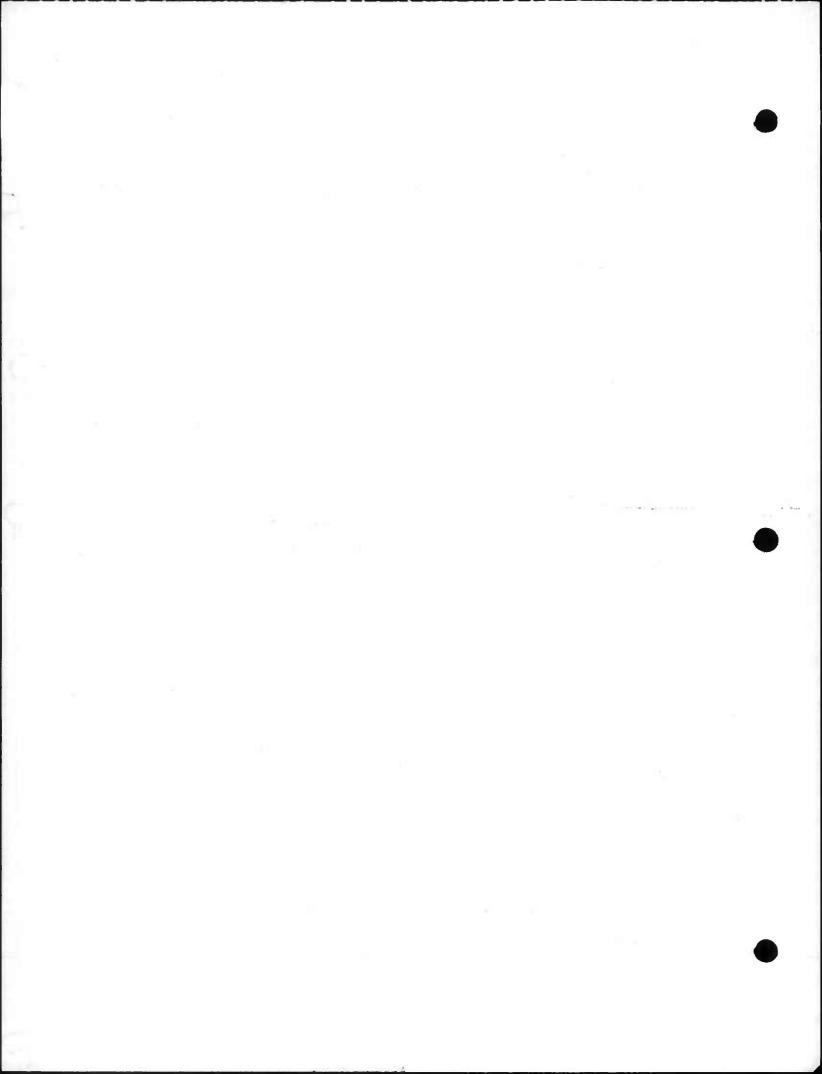
				24 0	7000
1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.		
111	1A ITH		2. DATE OF DEATH MONTH DAY	0 94	3. TIME OF DEATH
212-44-1748	6. AGE (In yrs. lest birthde)  M 2   F   5   YRS.	MONTHS DAYS HOURS MIN.		343 s. BiftTi	IPLACE (State or Foreign
99. FACILITY NAME (If not institution, give stree UNIV. Of MARYLAND RESIDENCE OF DECEDENT	1 Hospital	Baltimore	EATH	9c, COUNTY OF D	EATH
10e, STATE / 10b, COUNTY		BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1	MMON STREET	101. ZIP CODE 2/20		U.SA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AMMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, atc.)	or No— 14. RACI Black Spec	E - American Indian, k, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondery (0-12)	moleted) (Give kind of life. Do NOT	S USUAL OCCUPATION of work dans during most of working use retinds.)	16b. KIND OF BUSIN	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lagt)		He	ME (First, Middle, Maiden St.	uth	
Michelle Vcker	5 857	emmon St	Batto, Md	State, Zip Code) 219	01
20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remova  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State company crematory of	107	126/94 Ans	Soune,	Md
Joseph L. 4	Ruse	2222 W. 1	both Que, B	Batto M	Home 1, 21216
iMMEDIATE CAUSE (Finei disease or condition	SEDSIS WHA W	rulti organ fa	iluce	itory errest,	Approximate interval Between Onget and Death
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO OR AS A CONSEQUENCE OF COMMENCE AND OUE TO OR AS A CONSEQUENCE ALO DUE TO (OR AS A CONSEQUENCE ONCUMNING, ON	Stens, Mult, 1	dD, perio		10/12-10/14
PART II. Other significant conditions of DDM, MIX2, COPD 4/0 PE			Part I. 24s. WAS AN AL PERFORM	UTOPSY 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DE	ATH (Check only one)	NZ		
1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3 DOA 2Se. DATE OF INJURY 2Sb. Ti	OTHER: 4 Nursing Home 5 Residence IME OF 28c, INJURY AT WORK?	6 Other (Specify) 28d. OESCRIBE HOW INJ	URY OCCURED	
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term building, etc. (Specify)	M 1 YES 2 NO	28I. LOCATION (Street end City or Town, State)	d Number or Rural F	Route Number,
	IN: To the best of my knowledge, death occur. On the beele of exemination end/or investigation.				) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	M.D. (Koss	29c. LICENSE NU  OFFICERE)	MBER 35	DATE SIGNED	(Month, Day, Year) 0-94
30 NAME AND ADDRESS OF PERSON WHO C UMV. Of Mayle, 31. OATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEATH (ITEM 27) (7)	of Anesthesia	22/N.	Greene .	Street

. 

40	ě	use	
5	5	for	
100	200	ped	
2	2	rtach	
the	2	e de	
4	5	Q P	
inor	10	hou	
raft	2	5 S	
P	3	age	
E	9	DC, P	
40	9	recti	
8	5	ig di	
4		ner	
S C	3	he fu	100
afte	3	# 60	MOV
SIR	3	Ë	r re
Š		illed	П, 0
1	1	ely f	atio
thin		plete	rem
hed	2	Com	10
100	3	pu	Pen
9	3	an a	2
do h	2	Sici	prio
ifica		F	aue
CPU	9	ding	Ž
the		itten	tai h
a de	5	he	Men
at th		2	Bug
the state of		ned	#
tire	5	Sign	Hea
LAN	5	Deen	. of
286		las t	Dept
H	2	ate	ate
N		tifica	e St
SIC	3	Cer	th th
Hd		this	wit
NG	2	fter	eath
UN.	1	R.	er d
Ė	-	6	aft
a C	5	읦	ours
N		ALL	72
LIG.	5	VER	H
H	2	Ē	Witt
H		뿔	filed
TO THE HISPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a nounce after death. Pane 6 may be retained by the broadest	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND C		MENT OF H		MENTA	L HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	harles Raymo	ond Ma	aykran May	tz, Jr. Krantz	I MONTI	OF DEATH 1	/ Y	FAR / A	
		SEX 8. AGE (In yrs. is		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)	
		R M 2 □ F 69	YRS.	ONTHS DAYS	HOURS MIN.	4-	21-25		laryland	
~	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF D	EATH		9c. COUNTY		
D	PENINSULA REGIONAL	L MEDICAL CENT	ER	SALIS	BURY			WIC	OMICO	
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY	
DIRECTOR	Maryland Wicom	nico Co	S	alisbu	ırv				LIMITS?	
AL	10e, STREET AND NUMBER				. ZIP CODE			10g. CITIZEN	I OF WHAT COUNTRY?	
FUNERAL	501 Priscilla S	t			2180	1	_	USA	A	
E	11. MARITAL STATUS 12 1 Never Married 2 Married	RMED		ENDENT OF HISPAI			or No — 14.	RACE - American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	Yes		2 NO Specif		,		Specify: White	
	15. DECEDENT'S EDUCATI	ON 16s. D		SUAL OCCUPATION		16b	. KIND OF BUSI	NESS/INDUS		
	(Specify only highest grade com Elamentary/Secondary (0-12) C		Give kind of wo le. Do NOT use	rk done during mo retired.)	st of working					
릴	10+						Co	onstr	uction	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	Middle, Meiden S	iumame)		
BE	Charles Raymon	Bonde								
6	19a. INFORMANT'S NAME (Type/Print)	19			nd Number or Rural					
	Marlene Triggs		-		g Road,					
	20e. METHOD OF DISPOSITION  1 Generation 3 Removal from State  4X Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)									
	11. SIGNATURE OF FUNERAL SERVICE LICENS	Monald Wade	Dir	22. NAME AN	ID ADDRESS OF FA	CILITY C 1	tato /	nato	my Board	
	1011	Then water	, , ,	655W	Raltin	oro	cate E	alto	MD21201	
1	655W.Baltimore St, Balto, MD21201  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch ea cerdiec or reepiratory errest, Approxim									
_	Approximate interval Between on each line.  IMMEDIATE CAUSE (Finel disease or condition reculting in desth)  Due to (OR AS A CONSEQUENCE OF):  Approximate interval Between or recipied or									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions co	ontributing to death but not	reculting in	the underlying	j cause given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2 7	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DE	ATH YES	П NO Г	UNCERTAI	NΠ			1 TYES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL	26. PLA		(Check only one)	0.1102111711					
SIC	1 VES 2 NO	OSPITAL: Unpatlant 2 - ER/Outpatlant		OTHER:	5 - Rasidence	8 Other	r (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Yeer)	28b, TIME (		URY AT	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 7	ES 2 NO					
	3 Suicide 8 Could not be detarmined	eet, factory, office		28f. LOCA City (	ATION (Street ar or Town, State)	d Number or I	Rural Route Number,			
COMPLETED		To the best of my knowledge, d							suse(a) and manner as stated.	
BE C	29h. SIGNATURE AND TIPLE & CESSIONER				29c. LICENSE NUI	MBER	0	29d. DATE SI	GNED (Month, Day, Wer)	
일	1/11/19/19				029	34%	7	19	20/96	
F	30. NAME AND ADDRESS OF PERSON WHO CO	M.D.	ЕМ 27) (Туре, Р		Health	wan I	r. 50	ulishi	vry md.	
	NOV 28 1994	32 REGISTRAR'S SIGNATURE	and;	4		)			3	
		V	_							



											94	34	837	
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA					EALTH ANI	D MENTAL	HYGIENE REG. NO.	<u> </u>			
	1	1. DECEDENT'S NAME (First, Middle, Last)  Joseph Alro	y Mullen						MONTH	mber 2		YEAR	TIME OF DEATH	
9	3	240 40 4400	SEX 6. AGE (In	yrs, lasi bir	rthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HR	s. 7. DATE C	P BIRTH (20) 2 23			ACE (State or Foreign	
2, 3 should	R.	9a. FACILITY NAME (If not institution, give stree Deaton Medical C			96. CITY, TOWN OR LOCATION OF DEATH Baltimore City							9c. COUNTY OF DEATH		
ages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Oc. CITY	, TOWN O	R LOCAT	ION			_	100	d. INSIDE CITY LIMITS?	
physician. burial-transit permit. Pages 1,		Md.  100. STREET AND NUMBER	_		Bal	timo		ZIP CODE			-	EN OF WHAT	YES 2 NO	
physician. burial-transit	FUNERAL		2. WAS DECEDENT EVER IN	J.S. ARMEI	D	21224  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuban, Maxican, Puerto Rican, etc.)						USA No — 14. RACE — American Indian, Black, Whita, atc.		
as the	ED BY	3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify:  WW 2  15. DECEDENT'S EDUCATION  188. DECEDENT'S USUAL OCCUPATION  169. KIND OF BUSINESS/INI										Specify: White		
hospital or att rached for use	COMPLETE	(Specify only highest grade cor	(Give I life. Do	kind of w	ork done o e retired.)	uring mos	st of working		Paint	INESS/INDU	JSTHY			
at on at		17. FATHER'S NAME (First, Middle, Last)  Joseph A. Mullen  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Eva M. Pettit												
retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)  Donald E. Mullen  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  102 Leonard Court Glen Burnie, Md. 21060												
e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1	I from State cemei	LACE AND	ory or off	her place)			1 36 O			City or Town,	Stata	
r death. Pag e funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.												
ted within 24 hours after completely filled in by the ial, cremation, or removal cevent, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence or):											Interval Between Onset and Death	
executed and com bunial,	CATION	disease or condition resulting in death)  a. Carcenona of broad pr												
he death certificate be execut the attending physician and c Mental Hygiene prior to buria njury, or other traumatle	RTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  C. Bono metastable  DUE TO (OR AS A CONSEQUENCE OF):  1992											1992	
death c attendi ental Hy	8	PART II. Other significant conditions of	Chronic							24a. WAS AN A	VITOPSV	24h WE	1992—	
ires that the signed by realth and ws amy I	MEDICAL	Renal insufice	sex opy	buse	te	D 14	el	when	2 ,	PERFORM 1 YES 2 (	MED?	7 AWA	MLABLE PRIOR TO MPLETION OF CAUSE 0EATH?  YES 2 \( \sum \) NO	
V: The law required has been State Dept. of Item 23 sho	PHYSICIAN:	DID TOBACCO USE CONTRIB		DEATH		H (Check o	nly one)	UNCERT	AIN B	7				
SICIAN: The certificate on the State	HYSI		□ Inpetient 2 □ ER/Outpet		86. TIME	OF	ing Home			(Specify)	JURY OCCI	URED		
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.  28 is marked, or It	BY	ti Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)  28s. PLACE OF INJURY -	- At homa,	farm, #	М		ES 2 NO	281, LOCA	TION (Street an	nd Number o	or Rurat Route	Number,	
OR ATTEN DIRECTOR: hours after Item 28 Is	LETED	4 Homicide detarmined	building, atc. (Specify	")					City o	r Town, State)				
E BE	COMPLET	(Check only one)  2 MEDICAL EXAMINER: (	N: To the best of my knowled On the basis of axamination:										d manner as stated,	
TO THE HOSPI TO THE FUNEP Be filed within IMPORTANT:	TO BE	296. SHONATHINE THE OF CENTIFIER	2 2	>		2	-	D44	97 3	3	29d. DATE	SIGNED (MO	nth, Day, Year)	
77	-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27	т) (Туре,	Print)								

NOV 2 8 1994 THE BUTTON SECRETARY .

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Winainia Nahaah	at Williams	MONAMADA			MONTH DA	TEAN	4 10:05P	м		
	The state of the s	Virginia Margaret Williams McNAMARA 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR   IF UNDER					s. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign				
	236-26-6303 1 □ M 2 ဩF 73 YRS. MON			ONTHS DAYS	44. 6. 6. 11.						
~					OR LOCATION OF DI	EATH		9c. COUNTY OF DEATH			
DIRECTOR	Drs. Community Hospital				nbelt		Prince	rince George's			
ZEC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY					
	Md Pri	nce George's	H	yattsvi:	11e		1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
N	5805 42nd Street			20781	USA						
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XNO	13. WAS DEC	ENDENT OF HISPAI ecify Cuban, Maxica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	CE — American Indian, ck, Whita, atc.	Ì			
B	3 ₩ Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗌 YES	2 XNO Specifi	y:	Specify: White				
2	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION And Advisor Andrews	ON	16b. KIND OF BUS	INESS/INDUSTRY	WIIICE	$\dashv$		
COMPLEIE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	st or working						
Z Z	12		Wait	ress			taurant				
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden :	Surname)				
n n	Tib McNamara  19a. INFORMANT'S NAME (Type/Print)				Flo Mcl						
2	Michael McNamara					Pondo 11 and		21122			
	20a. METHOD OF DISPOSITION	201	PLACEAND DATE OF				1stown, Md. 21132				
	1 Burial 2 Cremation 3 Ramo	oval from Stata cem	netery, crematory or other	er place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	Bradley Ashton Funeral Home										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate										
ļ	shock, or heart fallure. List pnly one ceuse on each line.  IMMEDIATE CAUSE (Fine)  Onset and Death										
	disease or condition								""		
	DUE TO (OR AS A CONSEQUENCE OF):								$\neg$		
ξ	Sequentially list conditions.										
HIFICATION	Sequentially list conditions, If ony, leeding to immediate cuse. Enter UNDERLYING										
3	CAUSE (Disease pr Injury										
	that initieted events resulting in deeth) LAST										
5	PART II Other significant conditions contributing to death but not require to the unit of the conditions contributing to death but not require to the conditions of the condit										
AL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMEO?  AMAILABLE PRIOR TO										
MEDIC	Completion of cause of oeath?										
	DID TORACCO USE CONTRIBUTE TO CAUSE OF DEATH VES TO NO TO UNICEDIAN TO										
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
HTSICIAN:	EXAMMER? HOSPITAL: OTHER:										
-	27. MANNER OF DEATH	289, OATE OF INJURY 28h TIME OF 28c INJURY AT 284 OFSCRIPE HOW						INJURY OCCURED			
	1 Natural 5 Pending	ural 5 Pending (Month, Cay, Year) INJURY WORK?  M 1 YES 2 NO									
2	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							Route Number,	$\neg$		
	4 Homicide datarminad										
	29a. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.										
5	2 MEDICAL EXAMINE	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, data and place, and due to the cause(s) and manner as stated.									
	290K SECRATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	ABER	29d. DATE SIGNE	D (Month, Day, Year)	$\neg$		
	marker all		mo		109	174	> lip	5/94			
	NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	11			0		, ,			
ľ	31. DATE FILED (Months Del Visite) Chi I	A POST HEGISTRAR'S SIGN		nilwo	or an	e; Keve	idal	prd.	$\dashv$		
	NOV 2 (Mg/1994) Jul										
_											



THE HEADTH CREATERIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp in the hosp in the foreign of the foreign and completely filled in by the funeral director, page 5 should be detached in the latter of the foreign with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.  IN THE PRIVATE IT I I I I I I I I I I I I I I I I I	THE CHARGE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of the property DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the new reasons after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical experiences.	THE FOREST
2 2 6		CR ATTENDING PHYSICIAN: The DIRECTOR After this certificate I hours after death with the State Item 28 is marked, or Item

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN CERTIFICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First, Middle, Last) CECILIA M	\RY		NOI	L				2. DATE O MONTH	FOEATH	4 198	4YEAR	3. TIME OF DEATH 12:25 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	thday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTIN 8. BIRTHP			IPLACE (State or Foreign		
	218-12-4510	1 🗆 M 2 🔯 F	72	YRS.	MONTHS	THS DAYS HOURS MIN. OCT. 18, 1922				Vir	ginia		
~	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY,		PR LOCATIO				9c. COL	INTY OF D	
5	Saint Joseph Hospital					101	vson,	Mar	yland			Bait	more
EC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY				Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
- DIRECTOR	Maryland N/A 100. STREET AND NUMBER				Baltimore City							LIMITS?	
FUNERAL	1303 Stonewood Road				101. ZIP COOE 21239						U.S.A.		
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 WAR FORCES? 1 YES 2 WAR OR DATES				If yes, specify Cuben, Mexican, Puerto Rican, etc.)  I VES 2 NO Specify:  Specify:					14. RACE Black Speci Whit	E — American Indian, c, White, etc.		
	15. DECEDENT'S EDU	CATION	16a. DÉ	CEDENT'S	USUAL OC	CUPATIO	ON		16b. P	(IND OF BUS	INESS/IN		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	life	ive kind of v Do NOT us	vork done d e retired.)	luring mo	st of working	7					
린	12th Grade		·	prese	ntat	ive			Ba	ink			
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTN	ER'S NAI	ME (First, Mic	ddle, Malden	Surname)		
BE	Andrew Unknown	Bechel	li_				Gin	a	Unkno	own	Giar	ngran	di
5	190. INFORMANT'S NAME (Type/Print) Richard Andrew No.	11	198	002 F	address	(Street a	nd Number o	or Rural F	oute Numbe	city or Town	n, State, Zi	o code) Land	21209
	20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. PLACE AND DATE OF DISPOSITION (Name of DATE 20s. LOCATION — City or Town, S								wn, State				
1	4 Donellon 5 Other (Specify) Parkwood Cemetery 11/28/94 Baltimore, Maryla									Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   John C. Miller, Inc.   6415 Belair Road, Baltimore, Maryland									21206 backy			
	23. PART 1. Erner tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lyie.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOURAGE OF):									Approximata Interval Batween Onset and Death 1DAY			
NO	Sequentially list conditions,   EMBOLIC PERPHERIAL VASCULAR DISEASE									HOURS			
CERTIFICATION	in any, leading to immediate									YEARS			
핑	d												
EDICAL							ivan in i	PERFORMED? AVAILAE COMPLI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	1 YES 2 NO DEE								DF DEATH?				
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
٤I	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF GEATN (Check only one)												
ဗ္ဗ	EXAMINER? HOSPITAL: OTHER:												
PHYSICIAN: M	27. MANNER OF DEATN  1 Setural 5 Pending					RY WORK?			CUREO				
ED BY	2 Aboldent Investigation 3 Suicide S Could not be building, stc. (Specify)				M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,			
	4 Nomicide determined												
COMPLET	29a. CERTIFIER (Check only one) 1 PRESTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ex											) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE		MBER 29d. DATE SIGNED			(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUS	E OF OEATH (ITEM	W 27) (Type.	Print)		D31	020				1 6	!
	RICHARD L. LINTH	IICUM, M.I	OL, ST.JO			DICA	L CE	VTEF	7520	YORK	RD.,T	OWS	DN,MD. 21 204
	31. DATE FILED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 2 8 1994  July d'Auxilian hardall												

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH	- wood	3. TIME OF DEATH		
	Agnes Mar:					Mode	ember 22, 1994 6:32 P				
	4. SOCIAL SECURITY NUMBER		440	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	21. 1917	8. BIRTHI	PLACE (State or Foreign		
	220 05 1822	1 M 25 F 77	YRS.	L OUTY TOWN							
DIRECTOR	90. FACILITY NAME (If not institution, give street and number)  Franklin Sq. Hospital  Rossville					9c. county of Death Baltimore					
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY			
DH.	MD B	altimore		Essex					LIMITS?		
A.	10e. STREET AND NUMBER				ZIP CODE		10g. CIT		HAT COUNTRY?		
FUNERAL	1000 Franklin	Ave. Apt.	1016		2122	21		1	JSA		
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES					(Specify Yee or No-	- American Indian, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES				White			
8	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S US	UAL OCCUPATION	N	16b. K	IND OF BUSINESS/IN	DUSTRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo: etired.)	st of working						
절	7		Hot	usewife			Но	me			
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Harry H. A	ndrew			18. MOTHER'S NA	ME (First, Mid.	y Settar				
TO B	190. INFORMANT'S NAME (Type/Print)  John W. Pfarr, Si	r.	196. MAILING AD 3231	Levert	nd Number or Rural i	Balt:	imore, MD	2122	4		
	209. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 Donellon 5 Other (Specify) Dak Lawn Cemetery Baltimore Co., MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEL  22. MAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA  1407 Eastern Ave. Balto., MD 21221										
	23. PART i. Enter the diseases, or complications. Mat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	snock, or heart failure. List only one cause on each line.										
	disesse or condition resulting in death) s. CADIOVASILAR DEath - Prob aruti Myraclar freex										
1	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, isading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Entar UNDERLYING										
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
H	resulting in death) LAST										
AL 0	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PINDINGS										
	Chow destrutue pulnony desease						PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEI	Hyper teisin						1 YES 2 NO				
ä	77										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  28. PLACE OF DEATH (Check only one)  HOSPITAL:  OTHER:										
17S	1 TYES 2 NO	1  Inpstient 2 ER/Outp	etient 3 DOA 4	☐ Nursing Home		s S C Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?				28d. DESCRIBE HOW INJURY OCCURED					
B	2 Accident Investigation " 1 YES 2 NO 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office						281. LOCATION (Street and Number or Rural Route Number.				
TED	3 Suicide 8 Could not be 4 Homicide determined 256. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  256. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stete)										
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.										
	296. SIGNATURE AND TITLE OF CERTIFIER	296. SIGNATURE AND TITLE OF CERTIFIER 296. LIGENSE NU					29d, DA	E SIGNED	Month, Day, Year)		
O BE		us.			D219	160		11-2			
임	30, NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, Pri	int)							
	ROBERT LIBERT	v, m.b.	STOS BA	We ST	· BIL	To, 1	Wed 2/2	24			
	NOV 2 8 1994 July	132. REGISTRAND SIGNA	WHE I								

The second secon

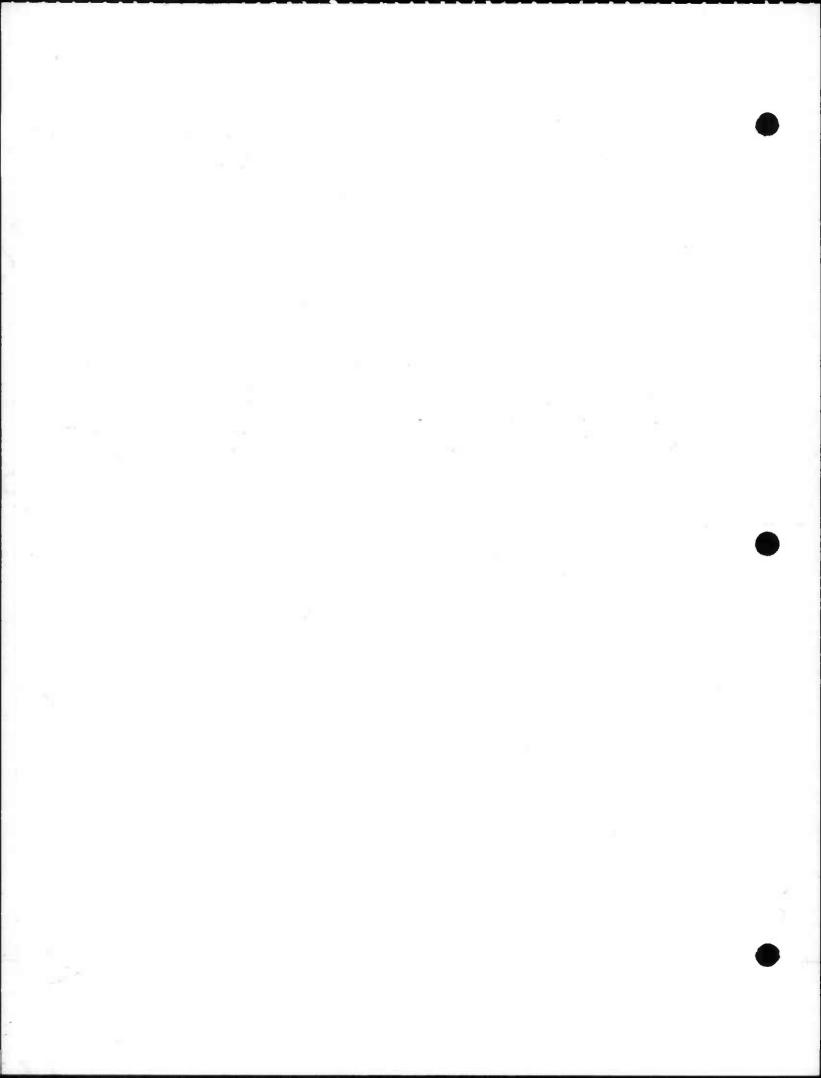
21215-0020	
MARYLAND	
BALTIMORE,	
68760,	
XO	

DIVISION OF VITAL RECORDS, P.O. BO

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should need the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DALINOTE, MARTLAND 21215-0020 STATE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Page 7 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPING TO THE PURPORT TO THE

FOR STATE

	REGISTRAR	CER	TIFICATE (	OF DEATH	- 1	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  Nelvin Perry				2. DATE OF	DEATH DAY	494	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2		YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF (Month, D	126,1933	Lorth	Cawling		
стов	98. FACILITY NAME of not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH									
DIRECTOR	Mary and 10b. COUNTY	Baltmore 118								
FUNERAL	2111 Division Street 21219 US									
B≼	11. MARITAL STATUS  1 □ Never Married 2 □ Merried  1 □ Never Married 4 □ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yes, specify Guben, Maxican, Puerto Rican, etc.)  14. RACE — American it yes, specify Guben, Maxican, Puerto Rican, etc.)  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yes, specify Guben, Maxican, Puerto Rican, etc.)									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	(Give k	ENT'S USUAL OCCU Ihd of work done durin NOT use retired.)	g most of working	16b, KJ	ND OF BUSINESS/IND	DUSTRY			
BE COM	Se other Derry 18. MOTHER'S NAME (First, Middle, Last)  OF OTHER S NAME (First, Middle, Maiden Surname)  OF OTHER S NAME (First, Middle, Maiden Surname)  OF OTHER S NAME (First, Middle, Maiden Surname)  OF OTHER S NAME (First, Middle, Maiden Surname)									
TO B	MONTERAY Jack	10b. M. 2.6	Alling Address (St.	reet and Nymber or Rural	Route Number,	City or Town, State, Zie Balto, A	_	21215		
	20a, METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF RECLITY S  SOSERLY LICENSEE  22. NAME AND ADDRESS OF RECLITY S  FUN eval HM  2220 W Novel Que, Batto, Md 21216									
	23. PARE 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate intervsi Between									
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Due TO (or A3-A CONSEQUENCE OF):									
NOI	Sequentially list conditions, if any, leading to immediate									
CERTIFICATION	CAUSE (Disease or injury that initiated events  CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF))									
SERT	reaulting in death) LAST Coagulopathy									
DICAL	PART II. Other algnificant conditions contribute		A. WAS AN AUTOPSY PERFORMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
CIAN	25. WAS CASE REFERRIO TO MEDICAL 28. PLACE OF DEATH (Check only one)									
IXSI	t USES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
ВУ Р	27. MANNSA OF DEATH  28a. DATE OF INJURY  1 Natural 5 Pending (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO									
	2 Accident Investigation 3 Suicide a Could not be detarmined  28e. PLACE OF INJURY — At home, tarm, street, tactory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the Date of the Dat							and manner as stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER  LEORGE C. Wulls	m. M.D.		29c. LICENSE NUI 0413		29d. DAT	E SIGNED	Month, Day, Year) 25, 1994		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE GEOVER E. WICKS	III H.D	) (Type, Print)	2600 1	ibe	vty H.	eigh	तेर्द्र		
	31. DATE FILED (Month, Day 1974	polence flamforte								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

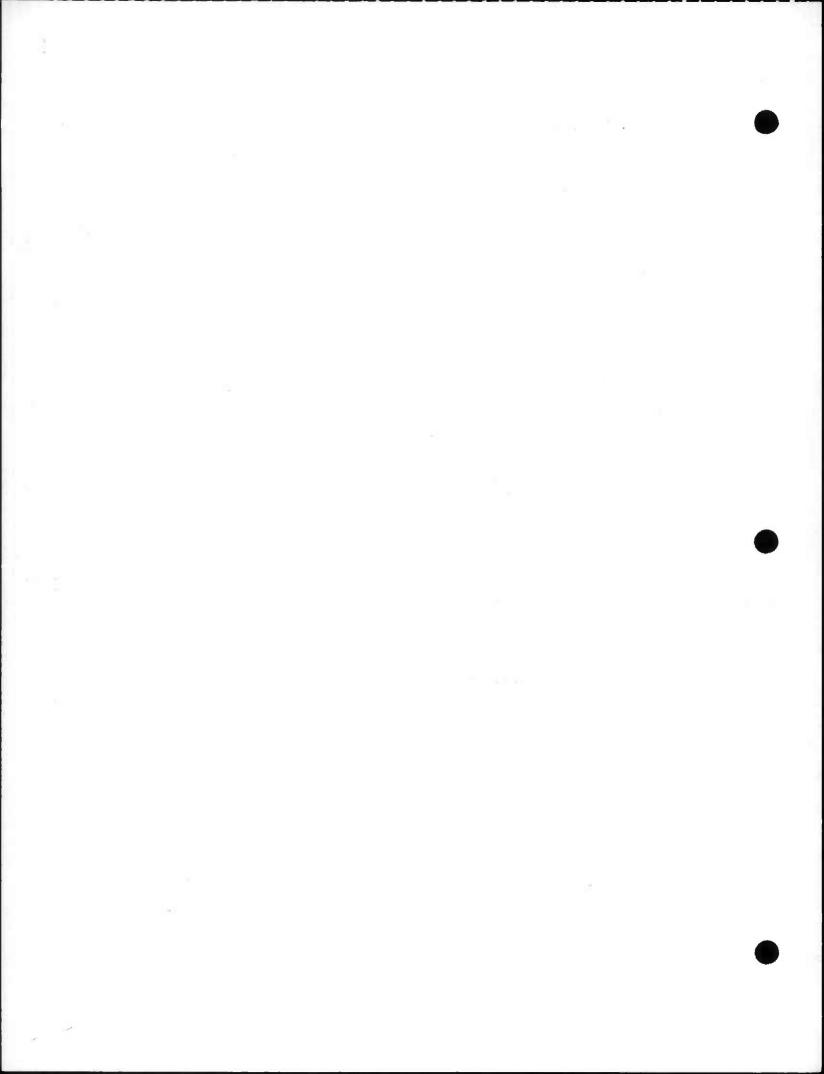
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should PMRIAN: If them 98 the marked and the marked and the standard or the IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	OINIE OF MAILE	CERTIFI		F DEATH	MENTAL	REG. NO.	_		
1. OECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF OEATH	
Lucille V. Pry	yor				NONTH	20		4 5:30 PM	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	in yrs. lest birthday)	IF UNDER 1 YEA			OF BIRTH	6.	BIRTHPLACE (State or Foreign	
216-22-4421	1 🗆 M 2 🗡 F	X 3 YRS.	MONTHS DAY	8 HOURS MIN.	(Moptin	Day, Year)		Country	
9a, FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D	DEATH		9c. COUNTY	OF OEATH	
Union Memorial	l Hospital		Balt	imore City					
RESIDENCE OF DECEDENT					<u>Y</u>				
10e. STATE 10b. COUNT	Υ	100.037	a to	CATION				10d. INSIDE CITY LUMITS? 1 VES 2 NO	
10e. STREET AND NUMBER	d Pack	apt a Ke	Dr 1207	101. ZIP CODE	17		10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yea,	DECENDENT OF HISPA	an, Puarto R	? (Specify Yea licen, atc.)	or No — 14.	. RACE — American Indian, Black, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	1 0	YES 2 NO Speci	lfy:			Specify: Black	
15. OECEOENT'S EDU (Specify only highest grad		18a. OECEDENT'S I	ork done during	ATION most of working	16b.	KIND OF BUS	SINESS/INDUST	TRY	
Elementery/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)		5	cho	,   ]	2ystem	
17 FATHER'S NAME (First, Middle, Last)	ams			16. MOTHER'S NA	AME (Eirst, N	fiddle, Maiden	umame)	·	
190. INFORMANT'S NAME (Type/Print)	ior	19b. MAILING	0	et and Number or Rural	1	Vesty or Town		de)	
90a METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE O	F DISPOSITION per place!	Pomma P	L NATE OF THE PARTY OF THE PART		ATION - City	or Town, State	
4 Donetion 5 Other (Specify) TOUTUS TO PERMANEL SERVICE LICENSEE  21. SIGNATURE OF FUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
Kola	marc	h		anh f	tt-u	uest			
23. PART i. Enter the diseeses, or	complications that caused	the deeth. Do no	ot enter the	mode of dying, suc	ch es cerd	iec or reepi	retory arreet	, Approximate	
shock, or heart fallure. iMMEDIATE CAUSE (Finel	List only one ceusa on e	ech lina.						interval Between Onset and Death	
disease or condition resulting in death)	a. auto	CONSEQUENCE OF	curd	iul i	$\Lambda f a$	M-		3 days	
	C 10 0	CONSEGUENCE OF	):		•			3	
Sequentially list conditions, if eny, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	):					3 gewis	
cause. Enter UNDERLYING	· PM							11) wers	
CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	):					100	
resulting in death) LAST	a HTN							10 yeis	
PART ii. Other significent condition		ut not resulting in	n the underly	/ing cause givan in	Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
- Unal in	sufficient	<del></del>				1   YES 2	DONO	COMPLETION OF CAUSE OF DEATH?	
					}			1 TYES 2 LING	
DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S   NO	<b>UNCERTAI</b>	N 🗆				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSBITAL:  OTHER:									
1 VES 2 Due 1 President 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		INJURY AT WORK?	28d. OES	CRIBE HOW II	NJURY OCCUR	ED	
1 Active 5 Pending 2 Accident Investigation			M 1 [	YES 2 NO					
3 Suicide S Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reat, factory, o	ffica	281. LOCA City o	ATION (Street a or Town, State)	nd Number or F	Rural Route Number,	
29a, CERTIFIER									
(Check only	ICIAN: To the best of my know								
	ER: On the basis of exemination	i endrur investigation	, in my opinior			and place, an	dua to the ca	iuse(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE		. 14	nin	29c. LICENSE NU	MBER	0, /	29d. DATE SI	GNEO (Month, Day, Year)	
1	SALIM HAD	MHOTI	1711	11124	28	146	PN	00 24 1994	
30. NAME AND ADDRESS OF PERSON WE SALIM HAM ADE 31. DATE FILED (MONTO DO 1994	201 E Un	ATH (ITEM 27) (Type,	Print) Purki	vay Bal	Himo	ire r	10 2	1212	
31. DATE FILED (Honti ODer CHO)	full 32 Vacation & San	de la							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIF	ICATE C	F DEATH		REG. NO.					
10000	1. DECEDENT'S NAME (First, Middle, Last)  GORDON		PAY	NE		2. DATE O	Nov 2	5 1994	YEAR	3. TIME OF DEATH 6:46 pm		
	4. SOCIAL SECURITY NUMBER 5. SEX $220-14-1214 \hspace{1.5cm} X \boxtimes M \ ^2 \ \Box \ ^F$	Month Day Mari								LACE (State or Foreign		
TOR	9a. FACILITY NAME (If not inatitution, give atreet and number) Saint Joseph Medical Center RESIDENCE OF DECEDENT				OWSON, MA	DEATH		9c. COUNT		ATN		
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MD			E. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS?  LIVES 2 □ NO		
VERAL	100. STREET AND NUMBER 1111 Park Ave. apt			21201						CITIZEN OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS  1 Never Married Married  3 Wildowed 4 Divorced  12. WAS DECEDEN FORCES? *  IF YES, GIVE W	TEYER IN U.S. / LAYES 2 MAR OR DATES	ARMED NO	AED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yaa or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1  YES 2 NO Specify:  Specify:						- American Indian, White, atc. : Black		
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	(Give kind of v ife. Do NOT us	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use refried.)  intennance  Balti						City			
COM	17. PATHER'S NAME (First, Middle, Last) William Payne		18. MOTHER'S NAME (First, Middle, Maiden Surname) Nancy Pratt									
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rura			State Zin (	Corde)			
임	Ruth Payne								21201			
	Ruth Payne   1111 Park Ave. apt. 203 Balto.,MD  20a, METNOD OF DISPOSITION 1 M Eurise 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)   Carrison Forest VA   11/30 Baltimore									n, Stata		
	22. NAME AND ADDRESS OF FACILITY  James A. Morton & Sons Fun  1701 Laurens Street											
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  a. MYOCARDIAL INFARCTION									Approximata interval Between Onset and Death HOURS		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  b. CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  c. POST CORONARY ARTERY BYPASS  DUE TO (OR AS A CONSEQUENCE OF):  d.									YEARS		
									VERE AUTOPSY FINDINGS			
IN: MEDICAL	CHRONIC OBSTRUCTIVE PULMONARY DISEASE								WALABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?			
2	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
PHYSICIAN:	1   YES 2   10   1   1   10   10   10   10   10											
TED BY	2 \( \bar{\}\) \( \lambda \text{ccident} \)   Investigation   3 \( \)   Suicide   8 \( \)   Could not be   determined   28a. PLACE 0   building,	treet, tactory, o		28t, LOCA City or	r Rural Ro	ute Number,						
COMPLETED	29s. CERTIFIER (Check-poly street of a) CERTIFYING PHYSICIAN: To the best of a)									and manner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	CHIEF C	SARYAG	Surge	29c. LICENSE NU PY D26151	IMBER		29d, DATE		Month, Day, Year)		
į.	GARTH R MCDONALD, M.D.,	ST. JO	SEPH		AL CENTER	, 7620	YORK F	D., TO	wso	N, MD		
	NOV 2 8 1994 July Days Novel	H'S SICHATURE	Ц									

SAME TO SERVE

-	
10	
68760,	
00	
~	
(C)	
400	
BOX	
$\sim$	
_	
$\sim$	
$\sim$	
_	
$\sim$	
P.0	
ш	
_	
_	
m	
w	
_	
_	
and the same	
m	
$\sim$	
4 5	
RECORD	
0 + 0	
ш	
district	
_	
463	
-	
_	
_	
VITAL	
3	
Section 1	
OF V	
- Control	
-	
E 3	
~	
_	
1	
-	
_	
_	
10	
U)	
ISION	
_	
-	
different land	
-	

COMPL

2

(Check only one)

296. SIGNATURE AND JPLE OF CERTIFIER

permit. Pages 1, 2, 3 should director, page 5 should be detached for use as the burial-transit urs after death, Page 6 may be retained by the hospital or attending physician. notified at Pe examiner n by the funeral d removal. medical filled in by t 6 I completely filled inal, cremation, o the within traumatic event. executed has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, 2 certificate other t 0 death 23 shows any injury, that OR ATTENDING PHYSICIAN: The law item TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item

must

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH 1994 YEAR DAY Nov. 25, PETER 1:45 POLLY A 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Fountry)
Pennsylvania IF UNDER 24 HRS. 210-01-3983 371471919 75 12 M 2 F YRS. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 929 Fell Street Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 929 Fell Street 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cubsn, Mexicon, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, stc. 1 Never Married 2 X Married ВУ 1 YES 2 NO Specify 3 Widowed 4 Divorced Specty COMPLETED 15. DECEDENT'S EQUICATION 18s. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) Longshoreman Shipping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Polly (Unk.) Paul Molly H 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ann Polly 929 Fell St. Baltimore, Maryland 21231 20a, METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 Burisi 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) camplery cromatory of other place) St. Stanislaus Cemetery 11/28 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY (Pres, a. Weble George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231 -/ Carymond George Sons Inc. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fallure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Deeth disease or condition unknown priman adeno car cino ma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): unknow CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 WHO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED DO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 100 ng Home 5 A Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 4 🗌 Nurs 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide ETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 🗌 Homicide datarmined

29d. DATE SIGNED (Month, Day, Year) 35304 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael Enoch M.D. 3411 Bank St. Balto. Md. 21224 32. REGISTRAR'S SIGNATURE Julia Studeor Rardall NOV2 8 1994

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and dus to the cause(e) and manner as stated.

29c. LICENSE NUMBER

29e. CERTIFIER

(Check only

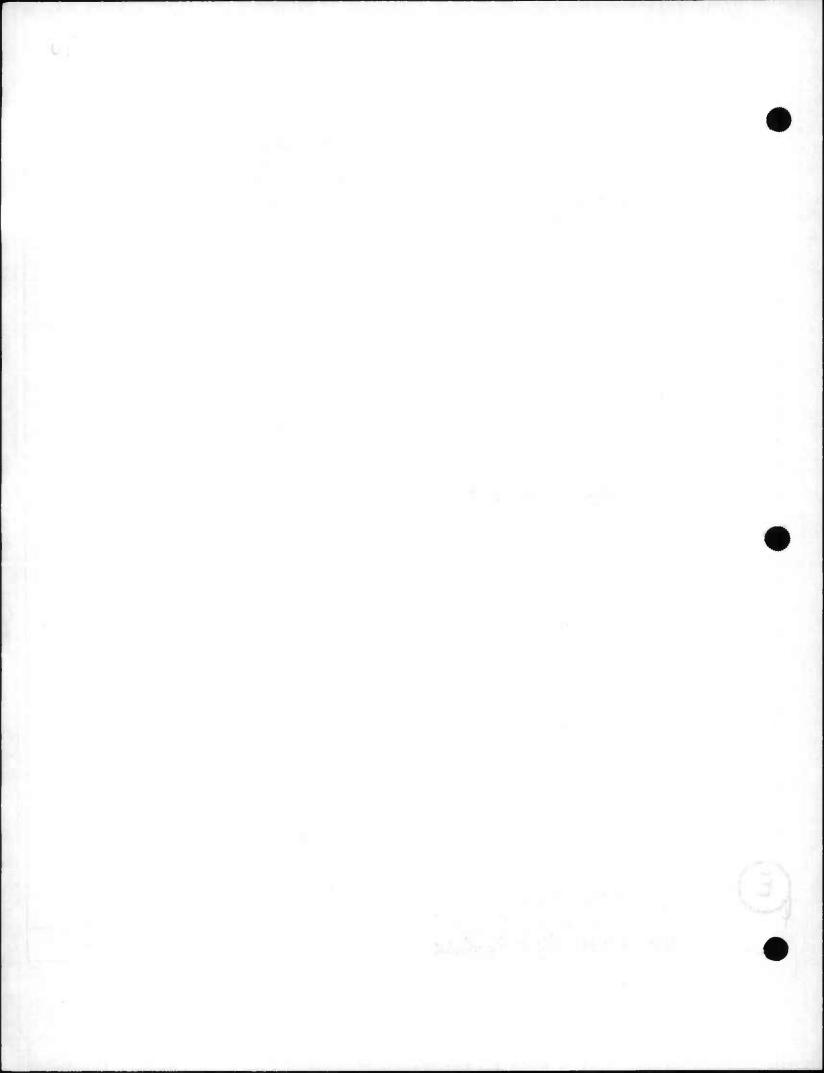
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

. . . 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4YSICIAN: The law requires that the death cardificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1 2 3 should		aminer must be notified at once.
tificate be executed within 24 hours after death. Page &	g physician and completely filled in by the funeral direct	iene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN: The law requires that the death cert	ir this certificate has been signed by the attending	th with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or of
TO THE RPITAL OR ATTENDING	TO THE MINERAL DIRECTOR: After	ne also within 72 hours after dear	IMPORTANT: If item 28 is m

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAL		E		
Į.	1. DECEDENT'S NAME (First, MIDDIO, Last) CATHERINE DOVIE	REYNOLI	OS			MONTH	I DA			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7 DATE	OF BUOTH		BIRTH	IPLACE (State or Foreign
1000	216-34-1196 1 I M 2 M F 59 YRS. MONTHS DAYS HOURS MIN. MAY 18, 1935									New York
DIRECTOR	S. COUNTY OF D									
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION					10d. INSIDE CITY
	Maryland 10e. STREET AND NUMBER			Lave		e Ci	ty			1 💢 YES 2 🗌 NO
FUNERAL		Summerfield	Avenue	101		1206	**	•		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	Now Common						
딢	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S US	UAL OCCUPATION NO.	N st of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)			Fo	od Sto	re	
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, M	fiddle, Maiden	Surneme)		
BE (		Robert Rowe								
0	Mary K. Landers									Md. 21236
	20a. METHOD OF DISPOSITION  1 Strict 2 Cremation 3 Remov  4 Donation 5 Other (Specify)				1271	1				
	21. SIGNATURE OF FUNERAL SERVICE LICEI									
	> milton f	Knight				Road	Balt	imore	, M	,
	iMMEDIATE CAUSE (Final disease or condition	mplications.Anat caused at only one cause on an accuracy tamp	ch line.	entar tha mod	de of dying, suci	h aa card	lac or raspir	atory arrea	t,	Intarval Between
ERTIFICATION	if any, leading to immediate	Arterioscler	CONSEQUENCE OF):	diovasc	ular dis	ease				
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death bu	t not reaulting in	the underlying	cause given in	Part I.	PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF BEATH (Ch	ok ontv on			<u></u>	
SIC		HOSPITAL:		THER:						
РНУ	27. MANNER OF DEATH  1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJU	JRY AT			JURY OCCUP	ED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atre			28f. LOCA City o	ATION (Street er or Town, State)	nd Number or	Rurai A	loute Number,
COMPLETED	(Check only									) and manner es stated.
BE		recker 1	m	Baltimore City    101. ZIP CODE   109, CITIZEN OF WHAT COUNTRY?						
_	30. NAME AND ADDRESS OF PERSON WHO Rudiger Breitenecke	r, M.D., 6701	N.Charles	Stree	t, Balti	more	, MD 2	1204		
	31. DATE FILED (Month, Day, 16ar) NOV 2 8 1994	32. REGISTRAR'S SIGNAL SKURLISH ROAD	URE all							



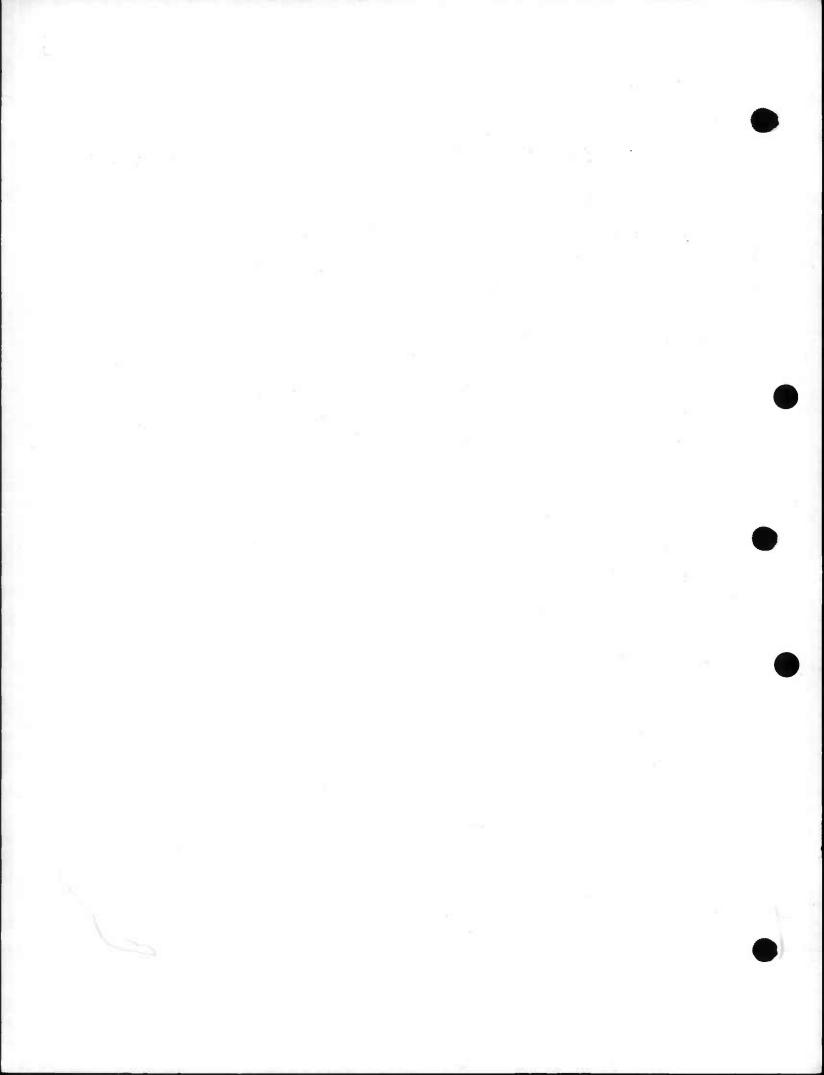
BALTIMORE, MARYLAND 21215-0020	OD ATTENDING DIVIDIAN: The law consists that the death cartificate he executed with four plan for my he redesined by the thought or extendion phenicial
4	oure after de
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate he executed with
ION OF VITAL	SICIAN The law

ja.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT OF HE CERTIFICATE OF D		
	1. DECEDENT'S NAME (First, Mi	0 .		2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH
1	(0)		INSON	11 2	4 1990 3.45A M
	4. SOCIAL SECURITY NUMBER  243-16-303  90. FACILITY NAME (If not insign.	8 1X M 2 D F	76 YRS. MONTHS DAYS	F UNDER 24 HRS. 7. DATE OF BIRTH HOURS MIN. (Month Day, Year)	898 North Caroling
CTOR	North West	Hospital	PAnda	LOCATION OF DEATH	Ballimure Court
L DIRECTOR	100. STATE 10	Db. COUNTY	Baltino	re	10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	2917 n. 6	Rogers are	2	1201	10g. CITIZEN OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Me 3 Widowed 4 Divorce	IF YES GIVE WAR OR	S 2 NO If yes, speci	IDENT OF HISPANIC ORIGIN? (Specify to Cuben, Mexican, Puerto Ricen, atc.) NO Specify:	fes or No— 14. RACE — American Indian, Black, White, etc. Specify:
E		ENT'S EDUCATION ghest grade completed)	180. DECEDENT'S USUAL OCCUPATION	16b. KIND OF B	USINESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12)		(Give kind of work done during most life. Do ADT use retired.)  ———————————————————————————————————	or working fa	rming
LII G	17 FATHER'S NAME (First, Middle)	Rubinson		18. MOTHER'S NAME (First, Middle Meide	in Surname)
티	DONOTHY Ph	Print	2917 ) . Ex	Number of Aural Acuse Number, Oxyge, R	own, state, Md 21207
Indian De	20e, METHOD OF DISPOSITION  1 Buriel 2 Cremetion  4 Donetion 5 Other (Sp	3 Removal from State	op PLACE AND DATE OF DISPOSITION (Neme epistery, cremetory promer place)	1/27/94 Y	OCATION - City or Town, State Carolina
CAGIIIIITEI	21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	22. NAME AND	ADDRESS OF FACILITY	
	- yoseph	L Russ		-28 W you	Th come 2/2/6
III Call Call	23. PART I. Enter the dise shock, or heer	ases, or complicatione that ceus it feliure. List only one cause on	ed the deeth. Do not enter the mode each line.	of dying, such as cerdiec or res	piratory srrest, Approximete Interval Between
	IMMEDIATE CAUSE (Finel disesse or condition	NATA:	TATIC PROSTA	T- CANGE	
CAGIII,	resulting in deeth)		A CONSEQUENCE OF):	FIE STILLE	-1C
			or or or or or or or or or or or or or o		į
CERTIFICATION	Sequentially list condition if eny, leading to immedie		A CONSEQUENCE OF):		
CA	cause. Enter UNDERLYING CAUSE (Disesse or injury	i			
TIF	that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		
CER		d			
A P	PART II. Other significent	conditione contributing to death	but not resulting in the underlying	cause given in Part I. 24s. WAS A	AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ORMED? AVAILABLE PRIOR TO
PHYSICIAN: MEDIC				1 TYES	COMPLETION OF CAUSE
M					1 TYES 2 B.NO
3 3					
YSICIAN	25. WAS CASE REFERRED TO M EXAMINER?	HOSPHAL:	OTHER:	CE OF DEATH (Check only one)	
17S	1 YES 2 NO	1 Inputient 2 ER/Ou	utpatient 3 DOA 4 Nursing Home	5 Residence 8 Other (Specify)	
	1 Natural 5 Per		INJURY WORK		/ INJURY OCCURED
	2 Culette	estigation 28e. PLACE OF INJUI	RY — Al home, lerm, street, lactory, office		at end Number or Rural Route Number,
COMPLETED	_ 0 _ 000	uld not be building, etc. (Sc empined	pecify)	City or Town, Sta	
	290. CERTIFIER 1 CERTIFY	/ING PHYSICIAN: To the best of my kni	owledge, death occurred at the time, date er	od place, and due to the cause(s) and =	Name of State of
3					end due to the ceuse(s) end menner es stated.
5	296. HENATURE AND TITLE OF			Age. LICENSE NUMBER /	29d. DATE SIGNED (Morfin, Day, Year)
BE COMPLE	1	ordert		940491	11/24/199W
	40. NAME AND ADDRESS OF	ERSON/WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Print)  Out If C	alpmie ?	2-11-2-2
	31. DATE FILED (Month, Day He	A July 0320 CONTRACTOR	SWAYORE .		(2)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

Items8,10c,d,12,15,16b,17,18,19a,b,20a,b,c,g-718,12-7-94,perf.h.,dr FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIE OI	MALLIE	CE		CATE				MENIM	REG. N				
1. DECEDENT'S NAME (First,	, Middle, Last)										OF DEATH				3. TIME OF DEATH
DOUGLAS ROWLATT NOV 12 1994									5:15P *						
4. SOCIAL SECURITY NUME	(in yrs. lest l	est birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				4 HRS.	7. DATE OF BIRTH				6. BIRTH	PLACE (State or Foreign			
		12 M 2 □ F	5 9	9	YRS.	ONTHS DA	AYS H	OURS	MIN.	1 / Month	1 / 3 S	5		Country	Canada
9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9	b. CITY, TO	WN OR	LOCATIO	N OF DE			_	COUNT	TY OF DI	
CHECYDERE	עוסי	MEXD H		anc .											
CHESAPEKE	EDENT	NEAR H	JOPE	LKS_	ISL								CAL	VEF	CT .
10a. STATE	10b. COUNTY	Y			10c. CITY,	TOWN OR L	OCATIO	М			***				10d. INSIDE CITY
Canada					Me	ontr	e11	1	Mont	real					LIMITS?
10e. STREET AND NUMBER						-	10f. Z	P COOE				10	g. CITIZ	EN OF W	HAT COUNTRY?
3047 S.	Donat	3047 St.	Dona	at										Cana	adian
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	N U.S. ARM	ED	13. WAS	DECEN	DENT OF	HISPAN	IIC ORIGIN	7 (Specify	Yea or F	10- I		— American Indian.
1 Never Married 2		FORCES? 1			)	II ye	s, speci		Maxica	n, Puerto F				Black	, White, atc.
3 Wildowed 4 Divo	orced			A129		1	123 2	M HO	эрөспу	,.				Spech	White
	EDENT'S EDU			16a. DECI	EDENT'S US	SUAL OCCU	PATION			16b.	KIND OF E	BUSINE	SS/INDU	ISTRY	
Elementary/Secondary (0		College (1-4 or 5	F)	life, E	o NOT use i	rk done durin retired.)	ng most (	of working							
12			´			Pe						'etro	oleui		
17, FATHER'S NAME (First, M							1	8. MOTHE			Aiddle, Maid		ame)		
James Ro	owlatt								Pea	rl Si	nclair				
19a, INFORMANT'S NAME (7	Type/Print)			19b.	MAILING A	DDRESS (St	reet and	Number o	r Rural F	Route Numb	er. City or T	own. St	ete. Zip (	Code)	
Pearl Rowlat	tt			1	3047 S	t. Don	at,	Montr	eal,	Queb	ec, Ca	nad	a	,	
20e. METHOD OF DISPOSIT	ION		20h	PLACEAN	DATEOE	DISPOSITIO	M /Mama	of		DATE	200	OCATI	081 0	thu as Ta	wn, State
1 Buriel 2 Crematic 4 Donation 5 Other		oval from State			etory or othe					1	3 Bal			•	·
								ADDRESS	_						
21. SIGNATUME OF FINERA	. 1	Wona	ıa v	wade	,Dir										y Board
Mulley	///	Mull				653	bW.	Bal	tim	ore	St,	Bal	to	, MD	21201
23. ART i. Enter the di	iseasea, or o	complicatione the	t caused	d the deel	th. Do not	enter the	mode	of dyin	g, suci	h as card	lec or res	pirato	гу егте	st,	Approximate
/ shock, or h	eart failure.	List only one ceu	ee on e	ech ilne.									000		interval Between
IMMEDIATE CAUSE (Fir disease or condition	nel	600		,											Onset and Death
resulting in death)	<b>→</b>	a. 10/0	9007	CONSECU	9										
		DOE 10	(Un AS A	CONSECU	MENICE OF):										
Sequentially liet conditi	lone,	b.	(OD 40 4	CONSEQU	51105.05										
if any, leading to imme- cause. Enter UNDERLYI		DOE 10	(On AS A	COMSECU	ENCE OF):										
CAUSE (Disease or inju		C. DHE TO	(OD 45 4	CONSEQU	ENGE OF										
thet initieted events resulting in deeth) LAS	т 📗	DOE 10	(UN AS A	COMSEOU	ENCE OF):										
,		d													
PART II. Other algnifica	nt condition	s contributing to	deeth b	ut not rea	ulting in	the under	rivina d	euse al	ven in	Part I.	24a, WAS /	AN AUT	OPSY	24h	WERE AUTOPSY PINOINGS
		_					,	3			PERF	ORMED	?	2 101	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_					— 1	1 X YES	2 🗌	NO		OF DEATH?
										_					1 TYES 2 - NO
DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE O	F DEAT	H YES			UNCE	RTAIN	4 D					
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		26. PLACE		(Check only	one)								
1- YES 2 NO		1 Inpatient 2	ER/Outp	ostlant 3		THER:	Home	5 🗆 Real	Idence	6% Other	(Specify)	II	V R	ΑY	
27. MANNER OF DEATH		28a. DATE OF			28b. TIME (		. INJUR	Y AT		26d. DES	CRIBE HOV	_	7		
Ann and a second	Pending Investigation	11/12/6	a seeming	QNUC	INJUR	M 4	WORK	2 💢	NO	Sup	TECT	Do		NEL	
3 Suleide		28e. PLACE C	F INJURY	- Al home	10.0		offica			28f. LOC/	ATION (Stree	et and N			oute Number,
	Could not be datarmined	building,	etc. (Spec	AY						6 1	or Town, Sta	,	/	11-	. 11
29e. CERTIFIER					V		-3				SEPEK				e Housers 151
(Check only		CIAN: To the best of													
<sup>2</sup> X MEDI	CAL EXAMINE	n: Un the beala of e	xaminatio	n and/or Im	restigstion,	In my opink	on, dest	h occured	d at the	time, data	and place,	end du	a lo tha	cause(a)	and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	7 / ^					2	9c. LICEN	SE NUM	BER		290	. DATE	SIGNED	(Month, Day, Year)
Monale	12	Which	+ n	11)				0.	C.M	1.E.		>	NO	V 1	3 1994
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	<b>27)</b> (Type, Pi	rint)									
DONALD	0	RIGHTN					et	Ra	1+3	mor	<u>р</u> М	יייה	z] =	ъп	21201
31. DATE FILED (Month, Day,		32. REGISTRA			,1111	O C T C	- L,	שם		anor.	C , 19	ur.	, ±a	110	212VI.
NOV 2 8 19		4													
20.0	- ' /	Taken of a se													

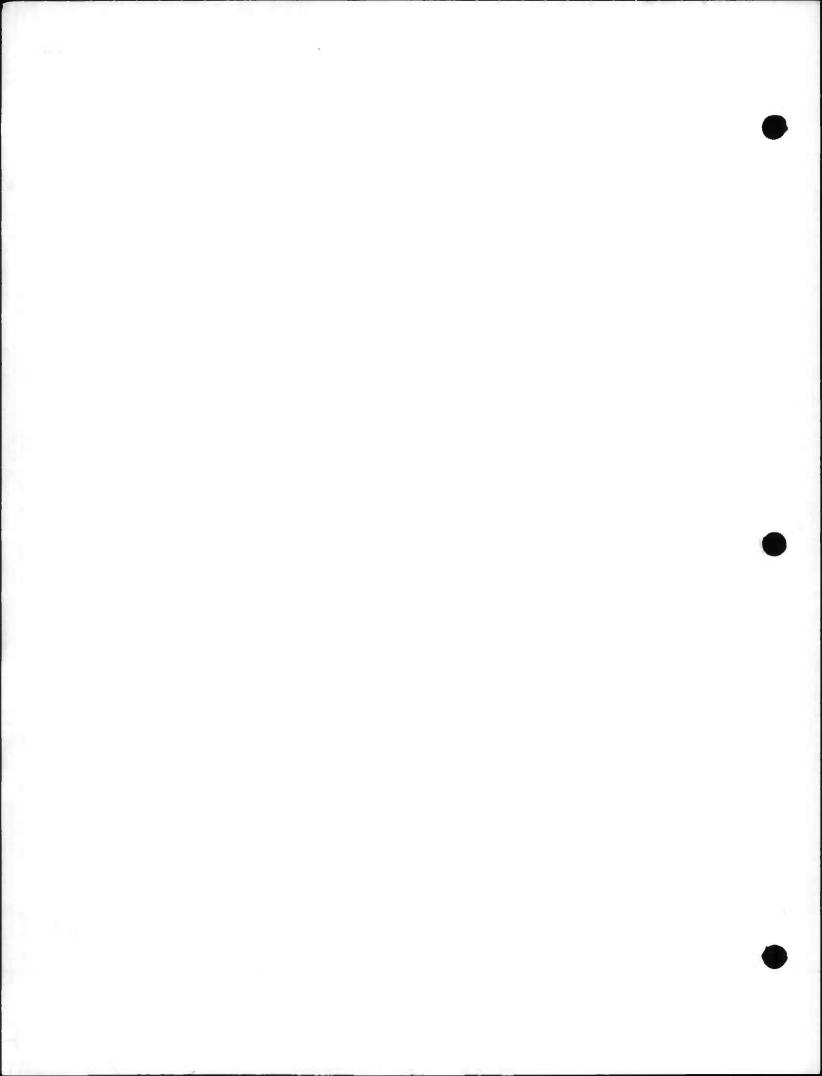
_
P)
4.00
9
-
68760
œ
(0)
_
64
_
_
$\cup$
-
BOX
0
$\sim$
م
_
- 10
10
VI
_
RECORDS
0
$\mathbf{\mathcal{C}}$
11
$\mathbf{\mathcal{C}}$
111
-
00
_
TAL
4
_
>
Separate Separate
-
-
_
-
-
ISIOP
=
46
S
-
-
0

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ripperger. YEAR 57Pm Con rad Elias 23 NOU 94 6. AGE (Iri yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-05-9901 DAYS 1 M 2 F Feb. 13 1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor DIRECTOR Towson Cano Balto. co. TOWSON. 0 RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M.D Balto CD. TOWOSUM 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 509 Rd Joppa 21204 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married В 1 YES 2 X NO Specify: 3 ₩ Widowed 4 Divorced white BE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use reliefue
SUPERVISOR OF
Maintenance 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Transit Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surn Conrad Elias Ripperger, Sr. Mary Zittinger 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Peggy J. House 1742 Yakona Road, Baltimore, Maryland 21234 20a, METHOD OF OISPOSITION

1 Surial 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 11/26/1994 St. Michael Schurch Cemetery 20c. LOCATION -- City or Town, State Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 Da Melle 23. PART1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ock, or heart feilure. List only one ceuse on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death HF disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TYES 2 THO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 -NO llent 2 DER/Outpatient 3 DOA 4- Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige М BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPCETED 6 Could not be 4 Homicide determined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner se stated. occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 4/23/4 78 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 401 asler NOV 2 8 1994

A REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

HECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020  History of an equires that the death certificate be executed within reviours after death. Page 6 may be retained by the hospital or attending physician.  In control has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be at the control of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFIC	CATE (	OF DEATH		REG. NO.			
1. DECEOENT'S NAME (First, Middle,	Last)					2. DATE O	E DEATN			3. TIME OF DEATN
Geraldin	e Rae	Sutt	on			Nove	mber	23,	1994	2:45 A.
4. SOCIAL SECURITY NUMBER 218-44-9636	5. SEX 1 M 2 F	6. AGE (In yrs. les	-	IF UNDER 1 YE		7. DATE O			8. BIRTH	PPLACE (State or Foreign ry) ryland
9a. FACILITY NAME (If not institution, 13500 Beaver					wn on Location of the keysville	DEATN			NTY OF D	
RESIDENCE OF DECEDEN	Т									
Maryland E	altimore		10c. CITY,	Cock	eysville					10d. INSIDE CITY LIMITS? 1 YES 2 NO
13500 Beave	r Dam Road				21030			, ·	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	MED IO	If ye	DECENDENT OF HISPA a, specify Cuban, Maxic YES 2 X NO Spec	an, Puarto Ri	(Specify Yes	or No—	Blac	E — American Indian, k, White, atc.
15. DECEDENT'S (Specify only highest		18a. DE	CEDENT'S U	SUAL OCCU	PATION	16b. I	CIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 + 5+				g most of working sistant		Balti	more	Cou	nty
17. FATHER'S NAME (First, Middle, La:	st)				18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Surname)		
William  19a. INFORMANT'S NAME (Type/Print,	Kirkner	100		PPPECO (0)	Ethe.		andis			
Dennis K. Sutt		15	Same	As #	eet and Number or Rural	HOUTE NUMBE	r, City or low	n, State, Zi	p Code)	
20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3   4  Donation 5  Other (Specify)		cemetery cre H1 I1 U	matory or oth	er place)	N(Name of Corp. 11-	DATE -28-94	20c. LO TO		City or To	wn, Stata ryland 2120
21. SIGNATURE OF FUNERAL SERVI										
► Walla	ce S Bi	cosis	21.		e and address of F ck Towson 50 York Ro					204
23. PART i. Enter the diseases	, or compileetione that lure. List only one ceu	coused the de	ath. Do no	ot enter the	mode of dying, au	ch ee cerdi	ac Dr reepi	ratory ar	rest,	Approximate
iMMEDIATE CAUSE (Finei disease or condition resulting in death)				lem	e Canon					interval Between Onset end Death
	DUE TO	OR AS A CONSE	DUENCE OF)	:	3					
Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE OF)	1						
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSEC	QUENCE OF)	:						
PART ii. Other aignificant cond	ditione contributing to	death but not r	esuiting in	the under	iving cause given in	Part i	24a, WAS AN	Allmoney	245	. WERE AUTOPSY FINDINGS
			oounting in	The dilder	lying codes given in		PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CO	ONTRIBUTE TO CA	JSE OF DEA	TH YES	. □ NO	UNCERTA	IN IX				1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL			(Check only						
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER: 4   Nursing	Nome 5 IX Rasidenca	8 Other	Specify)			
27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIME INJU	OF 28c	INJURY AT WORK?	_	RIBE HOW II	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident investigs 3 Suicide 8 Could be	28a, PLACE OF	INJURY — At ho	ma, farm, str		YES 2 NO	28t. LOCAT	IDN (Street #	and Numbe	r or Rumi I	Route Number,
4 Nomicide 8 Could no detarmin	n building,	itc. (Specify)				City or	Town, State)			
1000	PHYSICIAN: To the best of AMINER: On the basis of ax									i) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	Cifier a. Pa	chttn	5		29c. LICENSE NU	IMBER 546		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSO Charles A. Pad					lvd. Balt:	imore,	Mary	land	212	39
31. DATE FILED (Month, Day, Year)		N'S SIGNATURE		-						<u> </u>

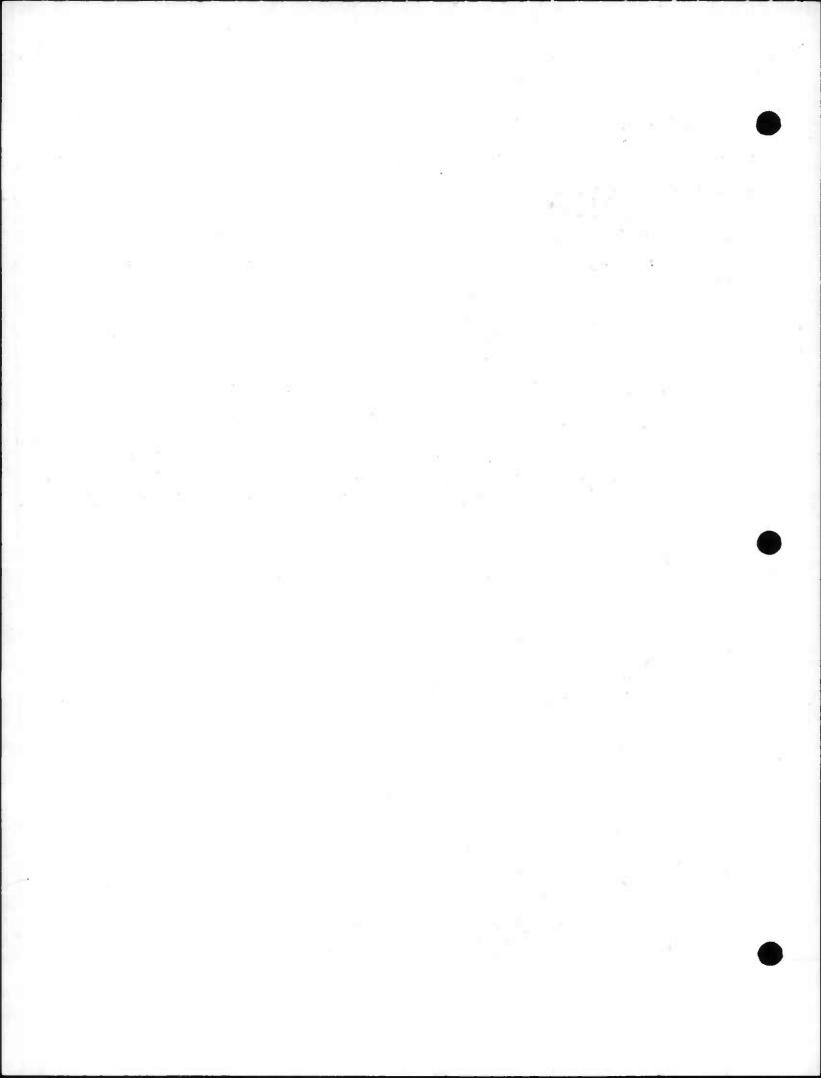


165.00 

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR					STATE	ΩE	MARVI	AND	/ F	LEDADT	MENT	r 0	E
TIELD.	20	FAIL	Т,	11,	L FL	DIV.	1 1 17 1.1	u-7	10	17/0/	74	- a 1	d

	REGISTRAR		CERTIFIC	IENT OF HEALTH ANI ATE OF DEATH	D MENIAL	REG. NO.			
	t. DECEDENT'S NAME (First, Middle, La.	Cordia Si	eher		2. DATE C		YEAR 10:00		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HR	/5.6 ah	F BIRTH	BIRTHPLACE (State or Foreig		
	220-22-5529	1 🗆 M 2 💢 F	YRS.	NTHS DAYS HOURS MIN	11-7-23 BAHIMORE				
CTOR	90. FACILITY NAME (If not institution, gh Mcridan Franklin RESIDENCE OF DECEDENT	Woods squar	Franklin " e Drive			HMORE			
DIREC	10a. STATE 10b. COU			OWN OR LOCATION			10d. INSIDE CITY		
AL DI	Maryland 100. STREET AND NUMBER	Baltimore		101. ZIP CODE	dgemer		t ☐ YES 2 🙀 NO		
ERA	2201 Lincoln A	Avenue			21219	1,14	nited States		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma: 1 YES 2 XNO Sp	xican, Puerto Ri		4. RACE — American Indian, Black, White, alc. Specify: White		
TED	15. DECEDENT'S E (Specify only highest gri		tea. DECEDENT'S USU	done during most of working		KIND OF BUSINESS/INDU			
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Years	Educato			altimore Co of Educatio	ounty Board on		
COMPL	17. FATHER'S NAME (First, Middle, Last)					Iddle, Maiden Surname)			
BE (	William Rober	t Phillips				Gifford			
2	19a. INFORMANT'S NAME (Type/Print)  Mr. Joseph G.	Sieber		DRESS (Street and Number or Ru Lincoln Avenu		emere, Mary			
	Mr. JOSEON G.  20a. METHOD OF DISPOSITION  1X Burlal 2 □ Cremation 3 □ R.	201	PLACE AND DATE OF D	ISPOSITION (Name of	OATE				
	4 Donation 5 Other (Specify)		Oak Lawn	emetery 11/2		Baltimon	re, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE	V. Lily		22. NAME AND ADDRESS OF Duda—Ruck F 7922 Wise A	uneral		indalk, Inc. 21222		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	VASCULAR DISEASE			2 WEEKS VEARS		
MEDICAL	PART IL Other significant condition PARALYSED DIAPHRA	GM	out not resulting in t	he underlying cause given		244. WAS AN AUTOPSY PERFORMED? 1 YES 2 Y NO	24b. WERE AUTOPSY FIND MALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 100		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 VES 2 NO	HOSPITAL:	S	26. PLACE OF DEATH		-0400000			
¥.	27. MANHER OF WEATH	26s. DATE OF INJURY (Month, Day, Her)	28b. TIME 6		-	(Specify)	RED		
BY PI	1 Natural 5 Pending 2 Accident Investigatio	е.	MJURY	M 1 YES 2 NO	9		orane		
ETED	3 Suicide 8 Could not t	building, etc. (liper	— Až home, farm, stree city)	t, factory, office	ZHF, LOCAL	FION (Street and Number or 7 Town, State)	Hursi House Numbec		
MP		YSICIAN: To the best of my know							
	24. SIGNATURE AND TITLE OF DEPTH	The second secon		29c. LICENSE		-	SIGNED (Mojim, Day, Year)		
F	and the Mile of Gayin	0.00					andreco (mojim, me, me)		
12	Hisan Qu	ymo		D339	43	<b>▶</b> 11	122/94		



ITEMS: 23 PART I, 27, PER MEO FILM G-719 1/9/95 t.t

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	Ε	RTIFICATE	0	F DEAT	TH		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN		GIENE S. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	лтн	3. TIME OF DEAT	н			
	WILLIAM Leo	nard Simmo	ns su	AMONS I	VOVEMBER	22, 19 <sup>s</sup>	94 8:50	Ам			
S A	4. SOCIAL SECURITY NUMBER  215-18-5912  90. FACILITY NAME (If not institution, give stre	1×120 F 35	YRS. MONTH	ER 1 YEAR IF UNDER 24 HI	7. DATE OF BIR (Month, Bay, )	TH 8.1	BIRTHPLACE (State or For	reign			
DIRECTOR	818 NORTH FREM			LTIMORE	· VEATI	Sc. COUNTY	OF BEATH				
EC	MA STATE / 10b. COUNTY		10c. CITY, TOW	OR LQCATION			10d. INSIDE CITY	=			
	Maryland		B	Allmore			1 YES 2	NO			
FUNERAL	1816 PUASKI	Street		2121	7	10g. CITIZEN	USA				
P.		12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMEO 1	3. WAS DECENDENT OF HIS			RACE — American India Bisck, White, atc.	n,			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			pecify:	(6.)	Black				
TED	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION 18 ompleted)	le. DECEDENT'S USUAL (Give kind of work dor	e during most of working	16b. KIND (	OF BUSINESS/INDUST	TRY TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Mechay	IIC.	Auto						
	17, TI ER'S NAME (First, Middle Last)			18. MOTHER'S	NAME (First, Middle, A	1/	1				
BE	199_IMFORMANT'S NAME (Type/Print)	in mons		101	77 10	Kemar	/				
2	Who are all 6	mons	1816 Pc	SS (Street and Number or R	BALTO 1-	Md 21	5/7				
1	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remov	20b, BL	ACE AND DATE OF DISP	OSITION (Name of		Oc. LOCATION — City	or Town, Stete	$\neg$			
1	4 Donation 8 Other (Specify)	cometer	ny, crematory prother plea	º. PK	128/40	136/to	. Md				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE (D)	2	NAME AND ADDRESS OF	F FACILITY	Coneral!	Hon				
	>peeph o	- Tuss		2222 W.	north qu	E. Bulto	Md 212	16			
	23. PAID . Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	cardiac Arrhyi  Due to (or as a co	HMIA	er the mode of dying,	such es cerdiac or	respiratory arrest	Approxima Interval Be Onset and	tween			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CEI	d.						<u> </u>				
CAL	PART II. Other algnificent conditions	contributing to death but	not reaulting in the	underlying cause giver	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FII AVAILABLE PRIOR 1 COMPLETION OF C	TO O			
闄							OF DEATH?				
ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	NO UNCERT	AIN 🗆						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. HOSPITAL:	PLACE OF DEATH (Che								
VSI		1 Inpatient 2 ER/Outpatie	ent 3 🗆 OOA 4 🗀 N	ER: ursing Home XIXRasider	nca 6 - Other (Specif	(y)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 (X) Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCUR	ED				
B	1 (A)/Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fi	actory, offica	28f. LOCATION ( City or Town,	Street and Number or F State)	Bural Route Number,				
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledg	ge, death occurred at the	time, data and place, and	due to the cause(s) as	nd manner as stated,					
ĕ Ö		On the basis of axamination ar					use(s) and manner as at	rted.			
BEC	296. SIGNATURE AND TYTLE OF CERTIFIER	100	M A	29c. LICENSE	NUMBER	29d, DATE SIG	GNEO (Month, Day, Year)	$\dashv$			
5	Maria	wel	W	0,C	M.E	NOVEMBE	R 22, 199	94			
	30. NAME AND ADDRESS OF PERSON WHO	V = AM		Street, B	altimore	Marul	and 2120				
	31, OATE FILED (Month, Day, Year)	CALL A STRUMBERSON OF	Belall	Di	LE CEMIOL C	, Haryr	2120.				

burial-transit Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-tran the funeral director, hours after death. executed within

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Pages 1, 2, 3 should permit. once. notified at pe must medical examiner and completely filled in by burial, cremation, or remo the other traumatic event, Hygiene prior to signed by the attending physician Health and Mental Hygiene prior to 0 injury, any Shows this certificate has been with the State Dept. of 23 OR ATTENDING PHYSICIAN: The item

Item9b, Film717, 11/28/94.1t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RONALD GARY SALISBURY РМ NOV 94 :40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN S. BIRTNPLACE (State or Foreign March 7. DAYS HOURS 1944 Maryland 212 42 4853 1 JM 2 - F 50 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN IRECTOR ALTIMETER COURT ESSEX Middle River BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Middle River Maryland ō 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Altimeter TISA Court 21220 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. Specify: White 1 Never Married 2 X Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 HO n, Mexican, Puarto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 0 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work done life. Do NOT use retired.) 늅 Elementary/Secondary (0-12) College (1-4 or 5 +) Heavy Equipment Operator Construction COMPL 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)
Doris Behrendt Irvin R. Salisbury 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code 7 Altimeter Ct. Raltimore, MD 21220 9 Vivia J. Salisbury 20 METHOD OF DISPOSITION
149 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Holly Memorial Gardens 11/28/94 Middle River. Md. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore. Md. 21221 2. PART I. Enter the diseases or called that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart to one cause on each ilna. intarval Between IMMEDIATE CAUSE (Final) Onsat and Daeth disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1XXVES 2 □ NO 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Nome 5 Presidence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED INJURY 1 XX Natural M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 \_ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 😾 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 290, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 Monte MO. NOV 24,1994 O.C.M.E. 2 30, NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111

32. REGISTRAR'S SIGNATURE

Lin Benden-R

Penn Street, Baltimore, Maryland

0

DIY, DIVINI

NOV 28 1994

31. DATE FILED (Month, Day, Year)

0

marked,

59

200

Item

DIRECTOR: After the

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Wen

31. DATE FILED (Month, Day, Year)
NOV 2 8 1994

VA Medical

32. BEGISTRAR'S SIGNATURE

Center

Ft. Howard

Shyang, MD.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the flow is a first death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

em1,F11m/1/,I1/28/94,It													
1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT ICATE	OF H OF	EALTH /	AND I	MENTA	L HYGIE				
1. DECEDENT'S NAME (First, Middle, Last)			-					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
FARL FRANK SCHOENB	ERGER	EARL FRA	NKLIN	SCHOEL	<b>NBER</b> 6	ER		11		22	94	5:45	P M
	SEX	6. AGE (in yrs. las	l birthday)	IF UNDER 1		IF UNDER 2		7. DATE	OF BURTH		8. BIRT	HOLACE (Cinto or En	an law
216-24-9103	M 2 □ F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 1	1, 19	29 W	Maryland	1
9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE	ATH		9c. C0	OUNTY OF		
8002 Eastdale R	load			H	ast	point	;				Balt:	more	
RESIDENCE OF DECEDENT			100 017	/ TOWN OF	1.0047	-						T	
10e. STATE 10b. COUNTY Balt	imore		10c. G1	r, TOWN OF	ast	point						10d. INSIDE CITY LIMITS? 1 YES 2	
100. STREET AND NUMBER 8002 Eas	stdale F	₹d.			101.	ZIP CODE	24			10g. C		WHAT COUNTRY?	
11. MARITAL STATUS 12 1  Never Merried 2  Merried 3  Widowed 4  Divorced	P. WAS DECEDENT FORCES? 1   IF YES, GIVE W	YES 2 N	10	- 11	yes, spe	ENDENT OF cify Cuban, 2 A NO	, Maxica	n, Puarto	? (Specify Rican, atc.)	Yes or No-	Bia	CE — American India ck, White, atc. city:	
15. DECEDENT'S EDUCATI				USUAL OCC	CUPATIO	N		166	KIND OF I	HISINESS/	NOUSTOV	Whit	e
(Specify only highest grade com Elementary/Secondary (0-12)  1.2	npleted) College (1-4 or 5+)	(G	Do NOT us	rork done du e retired.)	iring mos	of working				al Re		ry	
17. FATHER'S NAME (First, Middle, Lest)  George Frankl	in So	hoenber	ger						widdle, Maid abeth		iemi]	ller	
19a. INFORMANT'S NAME (Type/Print)				ADDRESS	(Street ar		_						
Myra Smith			324	Sassa	fra	ss Ro		Balt	imore	, MD	2122		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	trom State	cemetery, cre		har placal				DAT	E 20c.	LOCATION	-Gyri	Tson For	est
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	WE -	MD Ve	tera	ns Ce	met	Pry	1	1/25	/94	Bal	timor	re Co. N	ID
1 12 -11	week	1.1.1		Br	uzd	zinsk	ci F	uner	al Ho	me P	A		
Minu X			•	14	07	Easte	ern	Ave.	Ba	ltim	ore,	MD 21221	
23. PART I. Enter the diseases, or com shock, or heart fallure. Liet	plications thet	ceused the de	eth. Do r	ot enter t	he mod	le of dyin	g, aucl	h as care	liac or red	piratory	arreat,	Approxima Interval Be	
IMMEDIATE CAUSE (Final	011111111111111111111111111111111111111											Onset and	
disease or condition resulting in death) a		MYOCAR			RCTI	ON							
		OR AS A CONSEC			cr.								
Sequentially list conditions,		ARY ART			)E								
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSEC	QUENCE OF	7):									
CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DIJENCE OF	n.								<del>-</del>	
resulting in deeth) LAST			ZOLINOL O	,.								Ì	
d												-	
PART II. Other significent conditions of	ontributing to	deeth but not r	esuiting	n the und	leriying	ceuse gi	ven In	Pert i.	PERF	AN AUTOPS ORMED?	Y 24	b. WERE AUTOPSY FII AVAILABLE PRIOR 1 COMPLETION OF C	TO
										- 2		OF DEATH?	NO
DID TOBACCO USE CO	NTRIBUTE	TO CAU	SE OF	DEAT	H Y	ES 🔽	NC					the state of the s	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	ATH (Che	ock only or	e)				
	OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ng Home	5 Ras	idenca	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH	28a. DATE OF		28b. TIM	7	28c. INJL	JRY AT			CRIBE HOV	V INJURY O	CCURED		
1 Netural 5 Pending	(Month, Da	,, ,,		М	WOF	RK? ES 2 🗌	NO						
	(Month, Da	FINJURY — At ho		М	1 🗌 Y	ES 2 🗌	NO		ATION (Stre or Town, Sta		ber or Rurai	Route Number,	
2 Accident Investigation 3 Suicide a Could not be datarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN	25a. PLACE OF building, a	FINJURY — At ho atc. (Specify)	me, tarm, s	M street, tector	1 V	ES 2	and due	City	or Town, Sta	nanner aa a	itated,		
2 Accident Investigation 3 Suicide a Could not be datarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	25a. PLACE OF building, a	FINJURY — At ho atc. (Specify)	me, tarm, s	M street, tector	1 V	end place, seth occurs	and dua	to the car	or Town, Sta	nanner as a	italed.	(s) and menner as st	ated.
2 Accident Investigation 3 Suicide a Could not be datarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN	25a. PLACE OF building, a	FINJURY — At ho atc. (Specify)	me, tarm, s	M street, tector	1 V	ES 2	and dua	to the car	or Town, Sta	nanner as a	italed.		lated.

Ft. Howard, MD 21052

THE RESERVE OF THE RE per la la reconstruction de la c

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it	1, or removal.
S, P.O. BOX 68760	e death certificate be executed with	he attending physician and completely	Mental Hygiene prior to burial, crematic
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law requires that the	OR: After this certificate has been signed by I	many after death with the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.
	OR AT	DIRECT	hours a

other traumatic event, the medical examiner must be notified at once,

0

23 shows any injury,

10

marked,

69

1 28 P DIRECTOR after

£

9

Shakir

31. DATE FILED (Month, Day, Year)
NUV 2 0 1994

this certificate has be with the State Dept.

After t

UNERAL 72 72

0 0 9 M

permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Emma Singleton
4. SOCIAL SECURITY NUMBER 5. S 1994 November 6. AGE (In yrs. 8. BIRTHPLACE (State or Foreign 5 SEY 7. DATE OF BIRTH (Menth, Day, Year) South 1 M 2 M 9c. COUNTY OF DEATH DIRECTOR 1/more 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ulimore 1 X YES 2 | NO FUNERAL 10f ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? ount 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES It yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Married BY 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work of life. Do NOT use reti e mo 16. MOTHER'S NAME (First, Midgle, BE 0015 2 21216 To 20b. PLACE AND DATE OF DISPOSITION (Na METHOD OF DISPOSITION ATE, 2 Cremation 3 🗆 Ra arollho Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HM oseKL 23. PATTI. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, Approximate shock, or heert feilure. List pniy pne ceuse on eech line. intervei Between **IMMEDIATE CAUSE (Finel** Oneet and Death diseese or condition Aspiration Pneumonia. one day resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Renal Failure CERTIFICATION unknown Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events raculting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Ruptured Abdominal, aortic aneurysm 1 TYES 2 TONO OF DEATH? Congestive heart failure 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO EX WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be BESCOMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.

C/O Maryland General Hospital

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S TOWN UIT

MD

Sarwar

29d. DATE SIGNED (Month, Day, Year)

26

BALTIMORE, MARYLAND 21215-0020	pecuted within ours after death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
68760,	ed within	and completely fil
68	moa	pur .

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

#	~	
á	2	
2	목	
듦	100	
를	3	
2	8	
3	B	
E	8	
9	100	
200	è	
-	50	
ath	SE SE	
9	9	-
Je .	£	073
(0)	5	EH
M	.⊆	36
Ĭ	P	4
8	-	ion
É	E S	BELL
M	용	92
8	E	-
ş	D	un
90	8	9
9	5	T
e	Sici	90
Ca	E	9
ē	0	ien
8	ğ	¥
듏	Te	TE
e	60	E-
9	=	2
të	5	and
5	8	#
Se	5	eal
Ē	S	H
9	9	0
ě	S	eg
e	7	0
F	ate	tat
¥	tife	S
20	93	5
₹	.92	É
0	=	5
2	8	궠
물.	3	5
H	B	ŝ
4	益	-
8	答	ğ
SPITML OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death, Page 6 may be retained by the	NERAL DIRECTOR And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of	The same death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
E	E	-
90	크	2

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF				GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	2 0	= ,,	1				2. DATE OF DE	ATH DAY	YEAR 3. TIME OF DEATH	
	lessie (	21	2mi	lh				Novemb		.994 9:50 A	
	219-22-6428 1	SEX □ M 2 X F	8. AGE (In yrs. les	YRS.	MONTHS DAYS	HOURS	MIN.	7. DATE OF BIR (Month, Day, )	bar)	BIRTHPLACE (State or Foreign Worth Caroling	
<u>a</u>	9e. FACILITY NAME (If not institution, give street Good Samaritan Hos				Baltim		ON OF DEA	ATH #	9c. COUN	YTY OF DEATH	
CTOR	RESIDENCE OF DECEDENT	prial									
DIRE	Mary and 106, county	5.8		10c. CIT	v, town or Low					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	α				101, ZIP COD	E		10g. CITI	ZEN OF WHAT COUNTRY?	
N. N.	11. MARITAL STATUS 12	QUENT. WAS DECEDENT		MED	10, 100, 0	21	217	IC ORIGIN? (Spec		USH	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	10	If yes,		in, Mexicen	, Puerlo Ricen, e		14. RACE — American Indian, Black, White, etc.	
ED C	15. DECEDENT'S EDUCAT (Specify only highest grade cor	(G	ive kind of	USUAL OCCUPA	TION most of working	ng	16b. KIND	OF BUSINESS/IND	USTRY		
PLET	Elementary/Secondary (0-12)	college (3-4 or 5+)	) Mo.	Tea	cher			E	LUCAT	Tim	
ed at once.	17. FATHER'S NAME (First, Middle, Last) WILLIAM LEE	Ander	rson			18. MOT	HER'S NAM	WE (First, Middle, I		7077	
TO BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route						01 211 11			
De l	200 METHOD OF DISPOSITION	20b. PLACE	AND DATE	OF DISPOSITION	WOV Name of	IN C	MATE 2	OC. LOCATION -	M/Cl.		
must	1 Suriel 2 Cremation 3 Remova	I from State	cemptery fore			o. P	K	126/94	Bolto (	o; Md	
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICEN	Rus	s.		22 NAME JOS 1	AND ADDRE	SS OF FAC	120ss	fonto.	Md 21216	
event, the	23. PAST I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, intervel Betwork of the disease or condition resulting in death)  - Gangrenous stomach  Due to (or as a consequence of):  Arterial occlusion										
or other traumatic	Sequentielty list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  Sequentielty list conditions, Due TO (OR AS A CONSEQUENCE OF):  Cardiac arrest secondary to above Due TO (OR AS A CONSEQUENCE OF):										
ury, or											
shows any inju	PART II. Other aignificant conditions o	death but not r	reculting	In the underly	ing couse	given in i	Part I. 24e. V	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 🔀 NO			
ICIAN:											
or item 23 YSICIAN		OSPITAL:			OTHER:	PLACE OF D					
	1 YES 2 NO 1	28e. DATE OF		28b. TIN		NJURY AT	esidence (	6 Other (Speci	HOW INJURY OCC	CURED	
merted, BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Da		IN.	JURY	YES 2	] NO	200.0200			
= 8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE Of building, a	FINJURY — At ho etc. (Specify)	me, farm,	street, factory, of	fica		281. LOCATION ( City or Town	(Street and Number , State)	or Rural Route Number,	
ANT. If item 2 COMPLET	299. CERTIFIER 1 S CERTIFYING PHYSICIA (Check only 2 MEDICAL EXAMINER: 1									ed. e cause(s) and menner as stated.	
MINDRY		9613.					ENSE NUM		29d. DATI	E SIGNED (Month, Day, Year)	
1	David S. Shear, M	ID Go	od Sama	rita	n Hospi			Loch Ra	ven Blv	i, Baltimore, M	
	November 21, 1994	NOV &	8 1994	Jul	in Davide	or Rand	مال				

3 E U 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	JOHN PAUL SCHMID	Γ					24. 1994	R			
			r yrs. lest birthday) #F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
	215 03 4629	1 🖾 M 2 🗆 F 7	untry)								
	9s. FACILITY NAME (If not institution, give stree			CITY TOWAL	R LOCATION OF D	June 1, 1	921 M	aryland			
œ			. 1 .			EAIH	Balti				
임	Ft. Howard Vete	ran Hospita	1	Ft. Hov	varu		Dalti	more			
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAT	ION	-		10d, INSIDE CITY			
뜻 l	Maryland Anne	Arundel	Riv	iera Be	each			LIMITS?			
	10e. STREET AND NUMBER	Alunder	1.24		ZIP CODE		I as airinair	1 YES 2 NO			
FUNERAL	Control of the Control			lot	21122		U.S	DF WHAT COUNTRY?			
ᄬᅵ	8451 Main Avenue										
5	11. MARITAL STATUS 1  1 Never Married 2 X Married	2. WAS DECEDENT EVER IN FORCES? 1 X YES				NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	n or No — 14. R	ACE — American Indian, lack, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specif	y:	S	Peclly: White			
	45.050500000000000000000000000000000000	World War		<u> </u>							
2	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of work	done during mo	IN st of working	18b. KIND OF BU	SINESS/INDUSTR	Y			
ا ت		College (1-4 or 5+)	iile. Do NOT use re			Maryl	and Shi	pbuilding			
Σ	10th Grade		Foreman			naryr	and one	pourraing			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
H H	Jo	hn P. Schmi	dt		Lo	uise H. He	rzog				
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or Tow					
ᄋ	Mary L. Schmidt		8451 Ma	in Ave	nue	Riviera Be	each, Ma	ryland 21122			
	20s. METHOD OF DISPOSITION		PLACE AND DATE OF D			DATE 20c. LC	CATION — City o	r Town, State			
	t Remove 4 Donation 5 Other (Specify)	al from State Come	etery crematory or other edar Hill	Cemete	ery	11/2B Ba	1timore	, Maryland			
	21. SIGNATURE OF FUNEBAL DERVICE LICEN			DO MANE AN	D ADDRESS OF FA	CILITY _					
	11.11	(27)	-110			ce Funeral					
_	( Kuna	co de	, com		Ritchie	-		Md. 21225			
	23. PART I. Enter the diseases, or cor ahock, or heart feliure. Lie	mplications that caused	the death. Do not	enter the mo	de of dying, suc	h es cerdiec or resp	iretory screst,	Approximate			
	IMMEDIATE CAUSE (Final	or only one cause on ec	ori mie.					intarval Betwean Onset and Death			
	disease or condition CARCINOMATOSIS - UNKNOWN ORIGIN										
ŀ	a. CARCITYOTATOSIS - CYRCYOWN ORIGIN  DUE TO (OR AS A CONSEQUENCE OF):										
,	ASCVD										
<u>ō</u>	Sequentially list conditions,		CONSEQUENCE OF):		_						
Ž	cause. Enter UNDERLYING										
ᇎᅵ	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					+			
CERTIFICATION	resulting in death) LAST	•									
평	d										
- 1	PART II. Other significant conditions	contributing to deeth bu	it not recuiting in t	he underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
2						PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE			
						t □ YES	X NO	OF DEATH?			
Σ	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D	EATH Y	ES IXI NO			1 YES 2 NO			
A N	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: MEDICAL	EXAMINER?	IQSPITAL:	0	THER:	ACE OF DEATH (Ch	eck only one)					
2		□ Inpatient 2 □ ER/Outpa				6 Other (Specify)					
ᇤ	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ WO	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURES				
À	1 Natural 5 Pending 2 Accident Investigation			M 1 1	ES 2 NO	L					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— A1 home, ferm, stree	1, 1sctory, offic		261. LOCATION (Street City or Town, State,		ral Route Number,			
	4 Homicide determined		**			ony or rown, orano,					
ן ב	29a. CERTIFIER 1 TO CERTIFYING PHYSICIA	AN: To the best of my knowle	dge death occurred a	t the time date	and place, and due	to the squar(s) and ma	man as stated				
Σ	onel		co(a) and manner on stated								
3 Suicide 8 Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER; On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.											
	29c. LIGENSE NUMBER 29d. DATE SIGNED (Month, Day, Year										
<u> </u>											
	(MI / Com		30. NAME AND/ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
				*			-4	11/1			
	/so. NAME AND/ADDRESS OF PERSON WHO G			*	ORT HOWA	RD, MARYLA	ND 2105	2			
TO BE			CH POINT F	*	ORT HOWA	RD, MARYLA	AND 2105	52			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

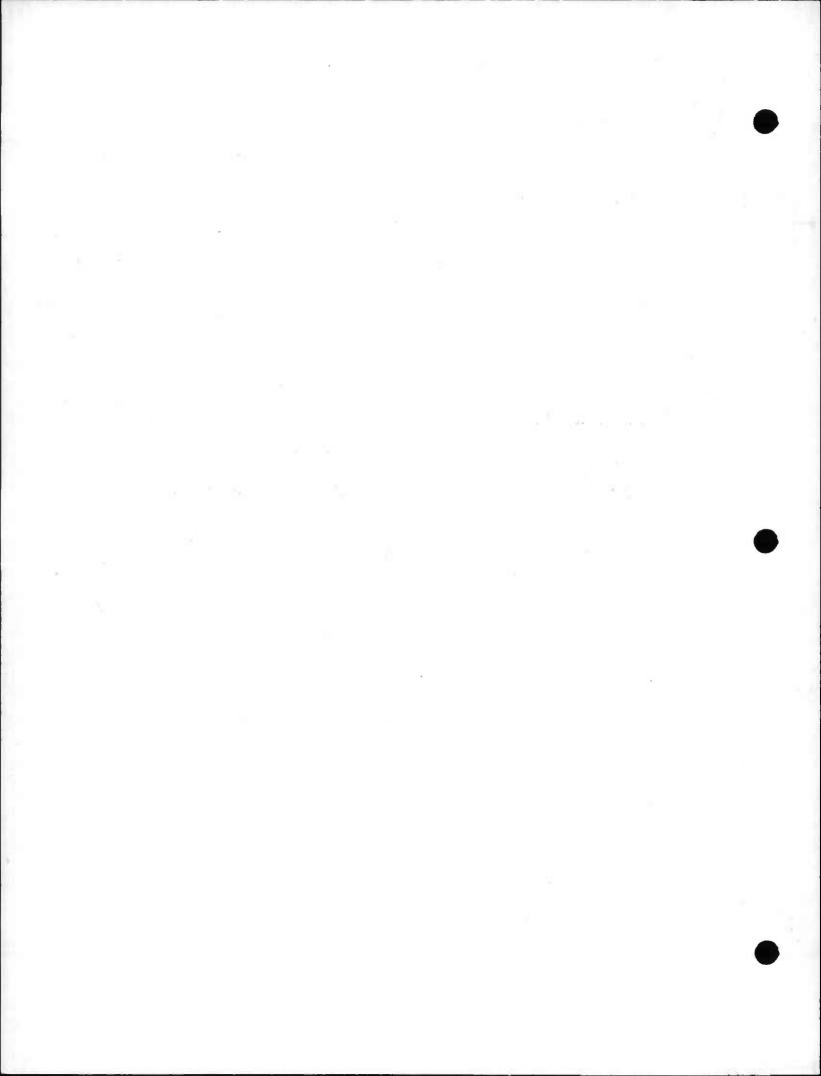
IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfled at once.

BALTIMORE, MARYLAND 21215-0020

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.			
1 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH	
1 8	WILLIAM SHKOR, SR.					NOVEMB!	ER 21	1 QQ/	8:40 a. m	
	4. SOCIAL SECURITY NUMBER 5. S		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			IPLACE (State or Foreign	
		1,102	1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Count	(Y)	
	11		T THS.			06/21	/1923	Maı	ryland	
	9e. FACILITY NAME (If not institution, give street e	nd number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. 0	COUNTY OF D	DEATH	
DIRECTOR	VA MEDICAL CENTER			FORT H	OWARD		B	ALTIMO	RE	
5	RESIDENCE OF DECEDENT									
1 22	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	_			10d. INSIDE CITY LIMITS?	
	Maryland :	Baltimore				Edge	nere		1 TYES 2 NO	
A	10e. STREET AND NUMBER			10	I, ZIP CODE		10g.	CITIZEN OF V	WNAT COUNTRY?	
E .	3209 Lynch Road				212	19		United	States	
FUNERAL		WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sou	cify Yes or No.	14 BACI	E — American Indian,	
	1 Name Married 2 Y Married	FORCES? 1 YES	2 NO	if yee, s	secify Cuban, Mexic	an, Puerto Rican,		Black	k, White, etc.	
B	3 Widowed 4 Divorced	WW	ÏI	1 U YE	S 2 XNO Speci	ry:		Spec	White	
۵	15. DECEDENT'S EDUCATION	N T	16a DECEDENT'S	USUAL OCCUPATI	ON	165 KIND	OF BUSINESS	INCUSTRY		
I E	(Specify only highest grade complete	leted)	(Give kind of site. Do NOT us	work done during m	ost of working	IGO. KIND	OF BUSINESS	AINDOSTRI		
1 2		llege (1-4 or 5+)				50	1 f Time	5orro.		
COMPLETED	7 Years		Gas St	ation			lf Emp			
ဗ	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,		ne)		
BE	John Shkor					Streyel	400			
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, Cit	y or Town, State			
F	Mrs. Anna E. Shkor		3209	Lynch F	bad Edg	emere,	MD 21	219		
	200 METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSITION (N	ame of	DATE	20c. LOCATION	- City or To	own, State	
	1 Donation 5 Other (Specify)	rom State cem	etery crematory or o	Toe Mem.	Pk. 11/	23/94	Dorse	y, MD		
1 3	21. SHONATURE OF PUNERAL SERVICE LICENSE		/	-			_		7-71- To	
	N/1/h./1/h/	FX.							dalk, Inc.	
	Charles -	fry		792	2 Wise A	ve. Du	ndalk,	MD :	21222	
	23. PART I. Enter the diseases, or comp	lications thet caused	the deeth. Do	not enter the me	ode of dying, suc	ch as cerdiec o	r respiretory	errest,	Approximate	
	shock, or heart feilure. List of IMMEDIATE CAUSE (Final	only one cause on ea	ach line.						Interval Between Onset and Death	
	disease or condition	CONGESTIVE	HEART E	THITLE						
	resulting in deeth) e		CONSEQUENCE O							
		LIVER META		,	rmrc					
CERTIFICATION	Sequentially list conditions,		CONSEQUENCE O		LTEO			-		
A	if any, leading to immediate cause. Enter UNDERLYING									
은	CAUSE (Disease or injury C	ADENOCARCI	CONSEQUENCE O							
E	thet initieted events resulting in deeth) LAST		00.102002.1020	, ,.					ì	
i ji	d									
	PART II. Other significent conditions con	ntributing to deeth be	ut not resulting	In the underlyin	g ceuse given in	Part i. 24a.	WAS AN AUTOF	SY 24b	WERE AUTOPSY FINDINGS	
MEDICAL	CHRONIC ATRIAL FIBR					rent_	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ā	SIVE HEART DISEASE	LIMITITE OIL	IIII IMCIIII	DION, A	ND IIII III.	1 0	YES 2 X NO	)	OF DEATH?	
Σ									1 TES 2 NO	
ä	DID TOBACCO USE CON	NTRIBUTE TO	CAUSE OF	DEATH	YES 🔲 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)				
S		SPITAL: Inpstient 2 - ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Spec	cify)			
<u> </u>	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT	28d. DESCRIBE		OCCURED		
	1/2 Natural 5 Pending Investigation	(Month, Day, Year)	IN.		ORK? YES 2 NO					
B	2 Decident	28e. PLACE OF INJURY	- At home, ferm,	street, lectory, offic		28f, LOCATION	(Street and Nur	nher or Rural I	Soute Number	
COMPLETED	4 Homicide 8 Could not be	building, etc. (Spec	ify)	,		City or Town	n, State)	The or Vice of 1	Total Hamber,	
<u> </u>	29e. CERTIFIER									
린	(Check only 1 CERTIFYING PHYSICIAN:									
ő	one) 2 MEDICAL EXAMINER: On	the basis of examination	end/or investigation	on, in my opinion,	death occured at the	time, date end p	lace, end due	to the couse(e	end menner ee stated.	
ШС	296. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Year)	
00	Chanona	Kala Ra	Sa			-rica				
2	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DE	TH (ITEM 27) (5	Print)				11/21	/94	
	CHANDRAKALA RAJA, M	.D., VA ME	DICAL CE	NTER, FO	ORT HOWAI	RU, MD 2	21052			
	NOV 2.8 1994	37. REGISTRAR'S SIGN	Randous							
1 1	I NIIV 9 X IJJ4 V	June and and	. 1							

DIVISION OF VITAL RECORDS, P.O. BOX 68760



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Gary Cohen

31. DATE FILED (Moath, Day, Year) NOV 28 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

69 N. Charles St.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burkal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item22 11-28-9	4 FilmG717 W	.H.Per	F/H					94	3	1,858	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN				IEALTH AN		ITAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)						2.1	DATE OF DEATH			3. TIME OF DEATH	1
į	Frances A.	er	í				November 23 1994			6:45	$\mathbf{p}_{M}$	
	4. SOCIAL SECURITY NUMBER 5. S	s. last birthday)					ATE OF BIRTH	8. BIRTHPLACE (State		IPLACE (State or Fore	sign	
	217-16-8122	☐ M 2 🔀 F	MONTHS	NONTHS DAYS HOURS MIN.		M. Ma	March 16		Bali	timore Mo	1.	
	9a. FACILITY NAME (If not institution, give street a		9b. CITY	r, TOWN C	OR LOCATION O	OF DEATH	DEATH 9c. COUNTY OF			EATH		
OH	7 Slade Ave. #208 Pikesville Balt.											
ក្ខ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c CIT	OC CITY TOWN OR LOCATION							10d. INSIDE CITY		
DIRECTOR	Md. Balto.	Pil	10c. CITY, TOWN OR LOCATION PIKESVILLE					LIMITS?				
	10e. STREET AND NUMBER		101. ZIP CODE					1 YES 2 X N	10			
H/	7 Slade Ave. #208		2120			1 7			USA			
FUNERAL		WAS DECEDENT EVER IN U.S	. ARMED								E — American indiar	
	. C merce married 5 X mercied					ecify Cuban, M	laxican, Pu	tican, Puerto Rican, atc.)			k, Whita, atc.	1,
ВУ	3 Wildowed 4 Divorced			1 123			S 2 XNO Specify:			Spec	White	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON 18r	DECEDENT'S					16b. KIND OF BUSINESS/INDUSTRY				
	(Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.)  Elementary/Secondary (0-12) College (1-4 or 5+)					)						
MP	12	E	xecuti	ve S	ecre	tary		Cleri	cal			
	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maide	,			
BE	Alex unknown Piskonowicz Pauline unknown Linkcabge  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)							ge				
2	19a. INFORMANT'S NAME (Type/Print) Harry G. Shawker											
	20a. METHOD OF DISPOSITION											
	1 🗆 Buriai 2 🖳 Cremation 3 🗆 Removal i	from State cemetery	ceand DATE	ther place)					OCATION —		own, Stata	
	4 Doneston 5 Other (Specify) Hilltop Service Corp.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRES								vson .	Md.		
					Ruck	k towson Funeral Home						
_	1050				1050	Vork Rd. Towson Md 21204						
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory errest, ahock, or heart failure. List only one cause on each line.  Approximate Interval Between											
	IMMEDIATE CAUSE (Fine)								Onaet and			
	resulting in deeth)  a. HEPATIC FAILURE											
	disease or condition resulting in deeth)  LIEMT ( FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  METHITATIC ANAL CANLEN											
<u>N</u>	DUE TO (OR AC A CONSCIUENCE OF											
AT	cause. Enter UNDERLYING											
틸	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reaulting in deeth) LAST											
	DADT II Other elemities an elemities and thinks and the book and the b											
₹	The significant conditions co	introduing to death but h	or readiting	in the ur	ideriying	g ceuse give	n in Pert		N AUTOPSY PRMED?	24b	WERE AUTOPSY FIN AVAILABLE PRIOR TO	0
	1 U YES 2 DXNO COMPLETION OF CAUSE OF DEATH?								USE			
Σ	DID TOPACCO LISE CONTRIBUTE TO CALLER OF DEATH, VEG TO NO OF LINICEDYAND TO								0			
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DEATH VES UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL: OTHER:											
ĔΙ	27. MANNER OF DEATH		DOA 4 Nursing Homa 5 Realden  28b. TIME OF 28c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED				-	
	1 Natural 5 Pending	INJURY WO			RK? YES 2 NO						- 1	
B	2 Accident Investigation 3 Suicide a Could not be						281. LOCATION (Street and Number or Rural Route Number,					
띹	4 Homicide determined						City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
<b>8</b>	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
S I	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
0	GT. W	GTU				00000			5-157			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM OF CAUSE								, , , , , , , , , , , , , , , , , , , ,				

Towson, Md.

21204

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-718 12/5/94 t.t.

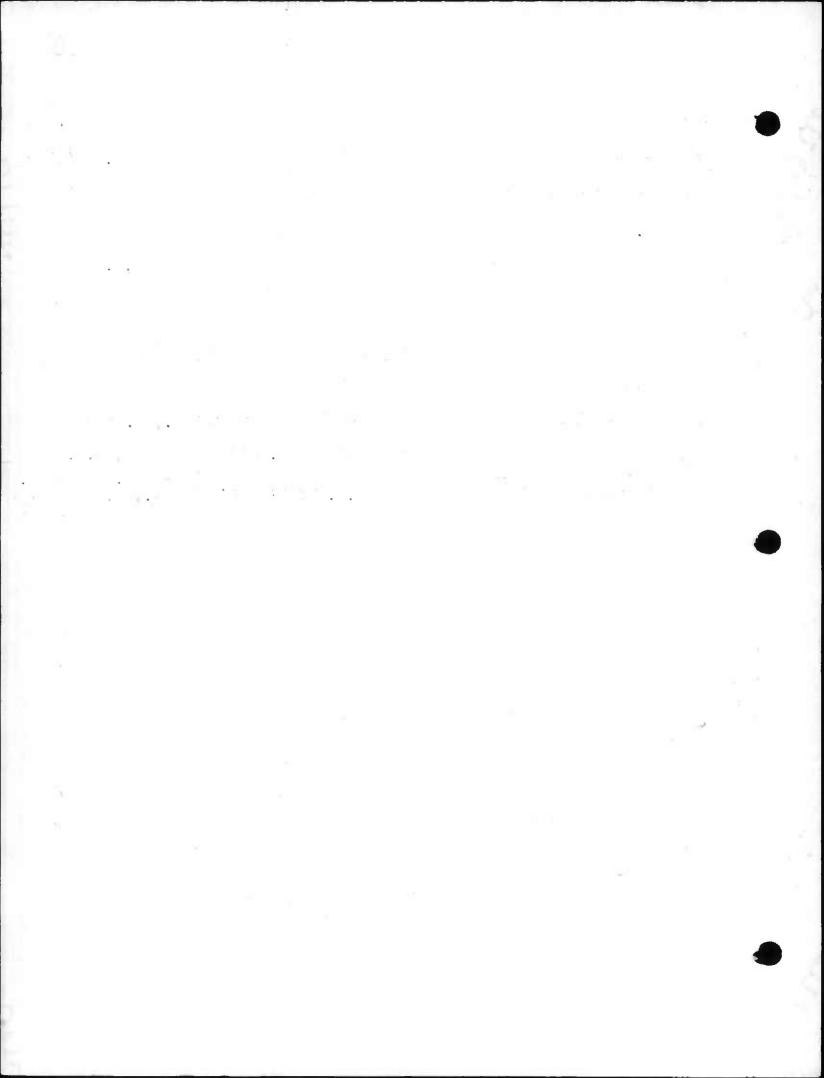
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR ALLEN STERLING VEMBER 19 994 NO 1:20 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year 3 - 2 - 6 3 HOURS T) M 2 | 1 3.1 YRS. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOUR HOSPITAL BALTIMORE na RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? burial-transit 601 Dukeland Street 21216 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Black Specify Specify: BY use as the 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION ecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spi (Give kind of work done during life. Do NOT use retired.) ᆸ ysician and completely filled in by the funeral director, page 5 should be detached for i prior to burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ocme pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Removal from State Donetton 5 Other (Specify) in state removal 21 SQUATURE OF FUNERAL SERVICE LICENSEE TO nald medical examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Wade, Dir 655W.BaltimoreSt,Balto,MD21201 23. MRT I. Entar the disease, or complications that caused tha death. Do not enter tha mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. intarvai Between Onset and Daath IMMEDIATE CAUSE (Final the disease or condition\_\_\_ ALCOHOL AND NARCOTIC INTOXICATION reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate this certificate has been signed by the attending physician : with the State Dept. of Health and Mental Hygiene prior to cause. Entar UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 PART ii. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? PERFORMED? any 1 YES 2 NO Shows YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XX YES 2 NO Inpatient 3 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural UNKNOWN M DIRECTOR: After the hours after death v FOUND 11-19-94 1 YES 2 NO ВҰ UNKNOWN Investigation 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) 3 Suicide 99 8 XXCould not be COMPLETED OO BLK. FRANKLINTOWN RD 4 Homicide 200 determined FOUND ON STREET BALTIMORE. MARYLAND Hem 29s. CERTIFIER 1 
CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE FUNERAL D
De filed within 72 h
IMPORTANT: If II (Check only one) HOSPITAL MEDICAL EXAMINER: On the basis of ax eatigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 를 금 등 NOVEMBER 19 C.M.E 2 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 STATE THE STATE OF

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

BOX 687	merca de reba
2	3
P.O. B(	and Shanks
S, P	danah
	4
S.	44.00
RECORDS,	The last consider that the de
/ITAL	The last
11	WHITE A ALL
0	3
Z/	ß
9	3
DIVISION	1
€	5
	- CATA

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEOENT'S NAME (First, Middle, Last)  JSh D	Strong				2. DATE OF DEAT MONTH	DAY	YEAR 155 PM	
pp		4. SOCIAL SECURITY NUMBER 251-12-9656	5/2 M 2 □ F	70 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH	24	8. BIRTHPLACE (State or Foreign Coupty) Carolin	
1, 2, 3 should	TOR	96. FACILITY NAME (If not institution, give street and number) Veterans Hospital  Baltimore  PESIDENCE OF DECEDENT  96. COUNTY OF DEATH Baltimore							TY OF DEATH	
permit. Pages 1, 2,	DIRECTOR	MD .		10c. CIT	ry, town on Lo Bal	cation timore			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO	
. Isit	FUNERAL	812 Edmondson				101. ZIP CODE			U, S.	
15-0020 ending physician. as the burial-transit	Β¥	11. MARITAL STATUS 1 ☐ Never Married 2 😾 Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	u.s. Armeo <sup>2</sup> Normy tes Army	7 If yes	DECENDENT OF HISP, b, apocity Cuben, Maxie YES 2 NO Spec	can, Puarto Rican, etc.		14. RACE — American Indien, Black, White, etc. Specify: Black	
Se at 2	COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)		18e. OECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	PATION g most of working		f Fmp		
YLAND 212- by the hospital or att be detached for use at once.	E COM	17. FATHER'S NAME (First, Middle, Last) Charlie Strot	18, MC				Self Employed  AME (First, Middle, Meiden Surname) en Esther Brown			
, MAR) be retained to ge 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Girtus Gillispie  19b. MAILING ADDRESS (Street and Number or Paral Route Number, City or R 812 Edmondson Avenue Balt					Town, State, Zip (	fown, State, Zip Code)		
BALTIMORE, I ter death. Page 6 may be the funeral director, page in wal.		20a. METHOD OF DISPOSITION 1   Comment of the Comme								
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1721-27 N. Monroe  E.L. Phillips F/H Balto., MD. 21217								
760, ed withi mours ompletely filled In al, cremation, or re		23. PART I. Enter the diseases, or cahock, pr heart failure. I immediate CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):	mode of dying, su	ich aa cardiac or r	sapiretory arre	Approximate interval Between Onset and Death	
P.O. BOX ith certificate be extending physician at Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
COR uires that signed by Health an	MEDICAL O	PART II. Other algorificant conditions					1 YE	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
23 bept.	SICIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	CAUSE OF	20	YES NO				
NOFVITA  GPPSICIAN: The  The Mis certificate h  This with the State C	PHY	1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c.	Home 5 Residence		pecify) IBE HOW INJURY OCCUREO		
TENO	TED BY	2 Accident Investigation 3 Suicide a Could not be detarmined	28s. PLACE OF INJURY — At home, farm, street, fectory, building, stc. (Specify)			YES 2 NO	281. LOCATION (St. City or Town, S	reet and Number of itate)	and Number or Rural Route Number,	
HOSPITAL OH V FUNERAL DIPER WITHIN 72 Power	COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner se stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.								
TO THE HOSPITAL. TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEA			29c. LICENSE NO	UMBER	29d. DATE	SIGNED (Month, Day, Year)	
X		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Paul Sabunday + 22, S. Greene St Balk M 21230								
		NOV 2 8 1994	32. REGISTRAR'S SIGNA	Wall						



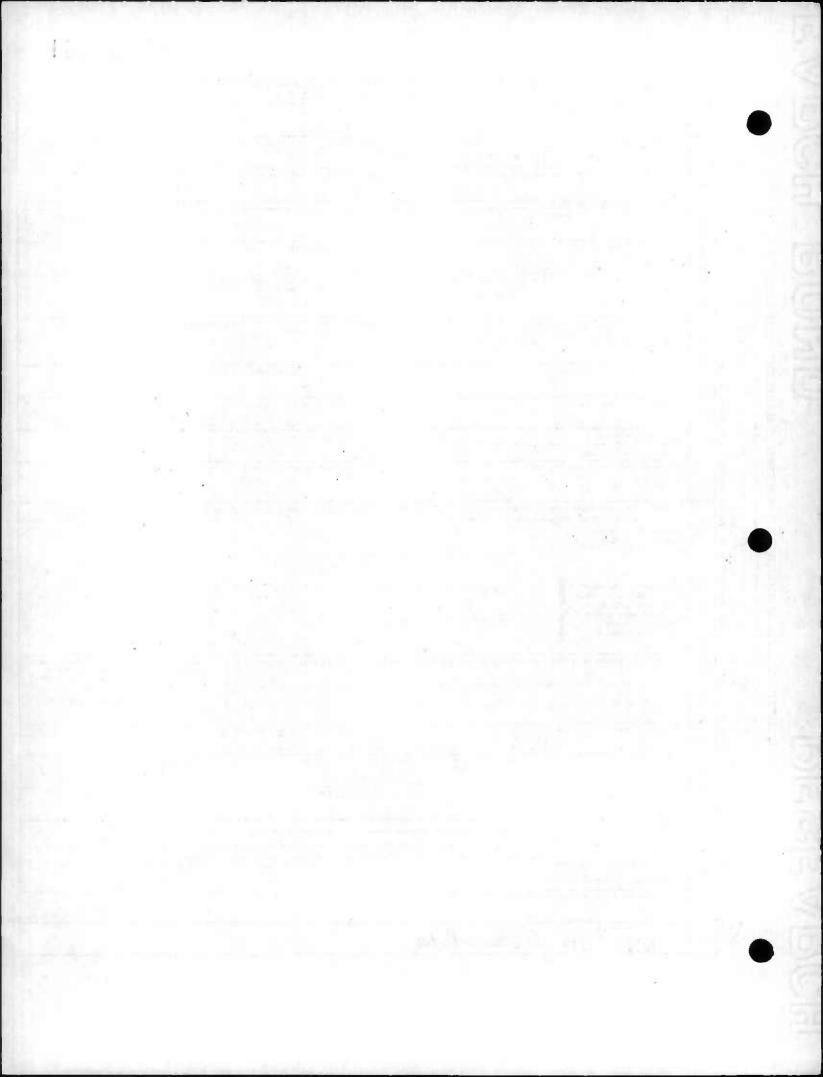
Z
MARYLAN
3
>
~
7
~
2
<b>P</b>
Ш
Œ
0
ĕ.
<
BALTIMORE
`
7
8
ш
10.
.09
3760,
68760,
( 68760,
X 68760,
OX 68760,
BOX 68760,
. BOX 68760,
O. BOX 68760,
O.O. BOX 68760,
P.O. BOX 68760,
P.0.
P.0.
RDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		t. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH MONTH DAY YEAR																		
- 1	ELOIS					S	MIT	H	11	25	94	1								
- 1	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		8, Bi	RTHPLACE (State or Fore								
	423-58-0756		1 M 2 XF		96 YRS.				Dec 2,	1897	A.	l.abama								
E I	90. FACILITY NAME (# not in Church Home							OR LOCATION OF D	EATH	9	c. COUNTY O	OF DEATH								
CTOR	RESIDENCE OF DEC	CEDENT																		
DIREC	10a. STATE	10b. COUNT				r, TOWN O		TION				10d. INSIGE CITY LIMITS?								
	Maryland				Ba	1.tim						t X YES 2 🗌 I								
FUNERAL							10	I. ZIP CODE		1	171	OF WHAT COUNTRY?								
뿔ᆘ	3649 Wabash	n Aveni	12. WAS DECEDER	IT EVED IN 1	C ABMED	1 40 1		21215	NIC ORIGIN? (Specify Yes or No.   14, RACE - A											
BY FL	t Never Married 2 3 Widowed 4 Divo		FORCES?	YES	2 X NO	III	yes, sp	ecify Cuban, Maxic	y Cuban, Maxican, Puarto Rican, etc.)			Black, White, atc. Specify:								
o l	15. DEC	EDENT'S EDU	CATION	- 1,	18a. DECEDENT'S USUAL OCCUPATION			ON	165 KIN	D OF BUSINE	FCC/INOLICTO	Black								
	(Specify on Elementary/Secondary (I	ly highest grade	completed) College (1-4 or 5		(Give kind of v life, Do NOT us	vork done a	luring mo	nal of working	100. (1)	o. aoami										
F	College (1-4 of 5+)			**	House	ewif	e													
COMPLET	17. FATHER'S NAME (First, M			IIOUL	To all the	_	18. MOTHER'S NA	AME (First, Midd	le, Maiden Sun	mame)										
O I	Abraham Sut	tton						Mary W												
00	19a. INFORMANT'S NAME (				19b. MAILING	AODRESS	(Street	and Number or Rural	-	City or Town, S	State, Zip Code	)								
임	Marcella Ja																			
	20a. METHOD OF OISPOSITION  1 M Burial 2 Cremation 3 Removal from State				LACEANDDATEC	F DISPOSI	OSITION (Name of		Baltimore, Maryland											
W W W W	4 Donation 5 Other	Eln	TWOOD CE	mete	rv		Dec		Alabama											
	21. SIGNATURE OF FUNERA		22. NAME AND ADDRESS OF FACILITY Nighter Fineral Homes																	
	May.	14	Do	Von	0	2501 Gwynns Falls Parkway Baltimore, Maryland 21216														
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, allowed and proximate and proximate cause on each line.  IMMEDIATE CAUSE (Final																			
	disease or condition resulting in death)																			
	disease or condition resulting in death)  a. Sepsis  Due to (or as a consequence of):																			
Z																				
CATIO	If any, leading to imme	diate	DUE TO	(OR AS A C	ONSEQUENCE OF	7:														
[ ]	cause. Enter UNDERLY CAUSE (Disesse or inju	ONSEQUENCE OF	E OF):					-												
	that initiated events resulting in death) LAS	т	DOE TO	(OH AS A C	ONSEQUENCE OF	OF):														
	d																			
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?  AMAILABLE PRIOR TO																			
MEDICAL						PERFORMEO?			COMPLETION OF CA OF DEATH?											
ME										- /	100	1 YES 2 N								
1																				
ž	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)																			
CIAN		O MEDICAL						LACE OF DEATH (C	heck only one)		EXAMINER?  1 YES 2 NO  NO  NO  NO  HOSPITAL:  OTHER:									
SICIAN	EXAMINER?	TO MEDICAL		☐ ER/Outpati	lent 3 DOA		t:			pecify)										
¥∥	EXAMINER? 1 ☐ YES 2 ☑ NO  27. MANNER OF DEATH		t inpatiant 2	FINJURY	28b. TIM	4 Nurs	t: ing Hon 28c. IN.	ne 5 🗆 Residence	6 Other (Sp	pecily) BE HOW INJU	JRY OCCURE	0								
PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Pending Investigation	t inpatient 2	FINJURY	28b. TIM	4 🗆 Nurs	ing Hon 28c. IN. W	ne 5 🗆 Residence	6 Other (Sp		JRY OCCURE	0								
D BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6	Pending Investigation Could not be	28a. PLACE (	F INJURY Day, Year)	28b. TIMI INJ	4 Nurs	28c. IN. WC	ne 5 Residence	6 Other (S) 28d. DESCRI	BE HOW INJU		D iral Route Number,								
ED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Suicide 6	Pending Investigation	28a. PLACE (	F INJURY Day, Year) OF INJURY —	28b. TIMI INJ	4 Nurs	28c. IN. WC	ne 5 Residence	6 Other (S) 28d. DESCRI	BE HOW INJU										
ETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident  3 Sulcide 6 Homicide	Pending Investigation Could not be detarmined	28a. DATE Of (Month, I	FINJURY Day, Year) OF INJURY — , atc. (Specify	At home, farm, a	4 Nurs	t: ling Hon 28c. IN. WC 1	IURY AT JRK?  YES 2 NO	6 Other (Sp. 28d. DESCRI	BE HOW INJU ON (Street and own, State)	Number or Ru									
MPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5  2 Accident  3 Sulcide 6  4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be detarmined	28a. DATE Of (Month, I building)	FINJURY Day, Year)  OF INJURY — , atc. (Specify  f my knowled	At home, farm, s	4 Nurs E OF URY M Intrael, factor	t: ling Hon 28c. IN. WC 1   Dory, office	NO S OF RESIdence	6 Other (S) 28d. DESCRI 28f. LOCATIC City or %	DN (Street and own, State)	Number or Ru	eral Route Number,								
COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5  2 Accident  3 Sulcide 6  4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be detarmined TIFYING PHYSI	28a. DATE Of (Month, i	FINJURY Day, Year)  OF INJURY — , atc. (Specify  f my knowled	At home, farm, s	4 Nurs E OF URY M Intrael, factor	t: ling Hon 28c. IN. WC 1   Dory, office	NO S Pasidence PURY AT PIRK? PYES 2 NO  a a and place, and ductions of the	6 Other (S) 28d. DESCRI 28f. LOCATIC City or R  to the cause(s) time, data and	BE HOW INJU DN (Street and own, State) a) and manner	Number or Ru r sa stated,	ral Route Number, se(s) and manner as ata								
BE COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2 Accident  3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only one) 2  MED	Pending Investigation Could not be detarmined TIFYING PHYSI	28a. DATE Of (Month, i	FINJURY Day, Year)  OF INJURY — , atc. (Specify  f my knowled	At home, farm, s	4 Nurs E OF URY M Intrael, factor	t: ling Hon 28c. IN. WC 1   Dory, office	ne 5 Residence IURY AT PK? YES 2 NO a and place, and du- Jeeth occured at the	6 Other (St. 28d. DESCRI	BE HOW INJU DN (Street and own, State) a) and manner	Number or Ru r se stated, lue to the cau	rel Route Number, se(s) and menner as att NEO (Month, Day, Year)								
BE COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Sulcide 6   4 Homicide  29a. CERTIFIER (Check only one) 2  MED  29b. SIGNATURE AND TITLE	Pending Investigation Could not be detarmined TIFYING PHYSI PICAL EXAMINE FOR CERTHFIEL	28e. DATE Of (Month, in the best of the basis of the basi	F INJURY Day, Year)  OF INJURY , atc. (Specify  I my knowled axamination a	At home, ferm, s	4 Nurse OF URY M	t: ling Hon 28c. IN. WC 1   Dory, office	NO S Pasidence PURY AT PIRK? PYES 2 NO  a a and place, and ductions of the	6 Other (St. 28d. DESCRI	BE HOW INJU DN (Street and own, State) a) and manner	Number or Ru r se stated, lue to the cau	ral Route Number,								
BE COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Sulcide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MED  29b. SIGNATURE AND LITTLE	Pending Investigation Could not be detarmined TIFYING PHYSI PICAL EXAMINE FOR CERTHFIEL	28e. DATE Of (Month, in the best of the basis of the basi	F INJURY Day, Year)  OF INJURY , atc. (Specify  I my knowled axamination a	At home, ferm, s	4 Nurse OF URY M	t: ling Hon 28c. IN. WC 1   Dory, office	ne 5 Residence IURY AT PK? YES 2 NO a and place, and du- Jeeth occured at the	6 Other (St. 28d. DESCRI	BE HOW INJU DN (Street and own, State) a) and manner	Number or Ru r se stated, lue to the cau	rel Route Number, se(s) and menner as att NEO (Month, Day, Year)								
E COMPLETED BY PHY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Sulcide 6   4 Homicide  29a. CERTIFIER (Check only one) 2  MED  29b. SIGNATURE AND TITLE	Pending Investigation Could not be detarmined TIFYING PHYSI INCAL EXAMINE OF CERTHFIELD COLUMN TRANSPORTED TO THE PERSON WH	28e. DATE Of (Month, in the best of the basis of the basi	F INJURY  Dey, Year)  OF INJURY — , atc. (Specify  f my knowled axamination a	At home, farm, a lige, death occurre and/or investigation	4 Nurse OF URY M	t: ling Hon 28c. IN. WC 1   Dory, office	ne 5 Residence IURY AT PK? YES 2 NO a and place, and du- Jeeth occured at the	6 Other (St. 28d. DESCRI	BE HOW INJU DN (Street and own, State) a) and manner	Number or Ru r se stated, lue to the cau	rel Route Number, se(s) and menner as ats NEO (Month, Day, Year)								

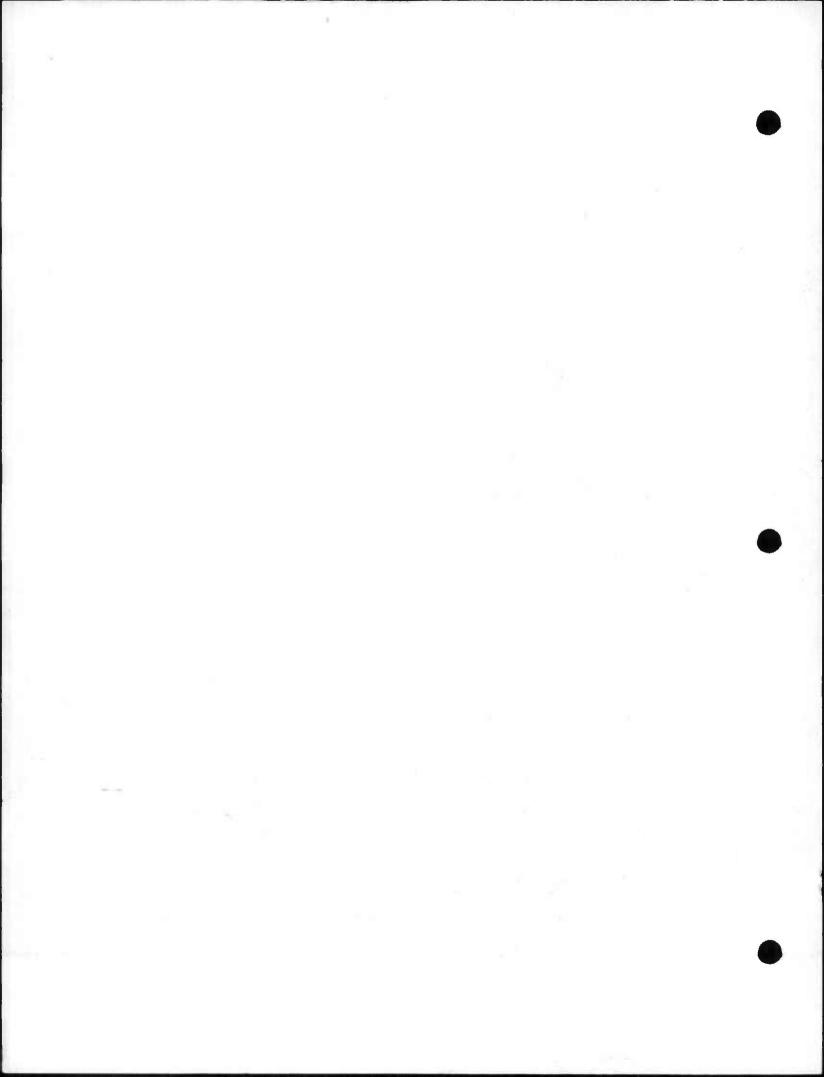


BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.					
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH	н	
- 12	Barbowa Ann	Thom	CIC			MONTH		W	YEAR QU	09 30	44 M	
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	7	<b>b</b>	PLACE (State or For		
	219-26-3793 1 <sup>1</sup> M <sup>2</sup>	€ F	55 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	020	Country	y)		
	9s. FACILITY NAME (If not Institution, give street and num	Λ	22	OF CITY TOWAL	OR LOCATION OF DI		29, 1		MTY OF D	cyland		
œ		061)				EAIN		ye. COU	NIT OF D	EATH	- 1	
2	St. Agnes			Ba 1. k								
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION	-				10d, INSIDE CITY	-	
<b>E</b>	Maryland									LIMITS?		
	10e. STREET AND NUMBER			llimor	Balti	lmore				1 X YES 2	NO .	
RA	The state of the second			101				10g. CIT		VHAT COUNTRY?		
FUNERAL	3113 Rheims Road				21244				USA			
5	1 Never Married 2 V Married FORCE	CEDENT EVER IN U	2 NO			NIC ORIGIN? (Specify Yee or No 14. RACE in, Puerto Rican, atc.)				- American India c, White, etc.	n,	
8≺	3 Wildowed 4 Divorced	GIVE WAR OR DATE	ES 1	1 🗆 YES	2 NO Specif	y:			Specit			
	15. DECEDENT'S EDUCATION				•					Black		
El	(Specify only highest grade completed)			VSUAL OCCUPATION Work done during mo		16b.	KIND OF BUS	INESS/INI	DUSTRY			
اچ	Elementary/Secondary (0-12) College (1						N.T.					
COMPLETED	Colle	ge Z	LI	> IV			Nur					
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)				
8	James Bennett					Le <sub>1</sub>						
6	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural		er, City or Town	n, State, Zip	Code)			
- 1	Hubert Thomas		3113	Rheims	Road	Ba:	Ltimor	e, Ma	aryla	and 212	44	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from St		LACE AND DATE (	OF DISPOSITION (Na	me of	OATE			City or To			
- 1	4 Donation 5 Other (Specify)		adon Par	rk Cemet	ery	Nox	Ba	1.tim	ore_0	City, MD		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	12		22. NAME AN	ID ADDRESS OF FA	CILITY NI	itter '	Fune	ral F	Homes, I	nc	
	· Kevin far	ler		2501	Gwynns imore, M	Falls	Park	way		,		
	23. PART I. Enter the diseases, or complication		he deeth. Do r	of enter the mo	de of dylna aus	tar y J.c	lles es reenl	1216	reet	Approxima		
	shock, or heart fellure. List only o	ne ceuse on eec	h line.	iot witter the mo	de or dying, adc	il as ceru	nec or raepi	ratory ar	rest,	intervel Be	tween	
	IMMEDIATE CAUSE (Final											
	resulting in death) a. Co	erepro	i t	dema						2 we	eles	
	1	DUE TO (OR AS A C	ONSEQUENCE OF	F):	/					3409		
S	Sequentially list conditions, b. ///	e 70.5 Ta	Fic Co	ercinor	na h	mg	-			3409	45	
F	If any, leading to immediate	DUE TO (OH AS A C	UNSECUENCE OF	-):		V						
5	cause, Enter UNDERLYING CAUSE (Disease or Injury											
Ē	that initiated events	OE TO (OH AS A C	ONSECUENCE OF	r):						İ		
DICAL CERTIFICATION	d									<u> </u>		
ابد	PART II. Other algnificent conditions contribute	ing to deeth but	not resulting	in the underlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FIN	IDINGS	
2	Superior Vena (	and	Sunda	ame			PERFOR			AVAILABLE PRIOR T		
ш	Perilordial F	Cl an	J	<i></i>		— I	1 TYES 2	NO		DF OEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO	fusion	DEATH VE	e Maria	1					1 YES 2 N	°	
AN	25. WAS CASE REFERRED TO MEDICAL			H (Check only one)	UNCERTAIL	иПТ						
PHYSICIAN: M	EXAMINER? HOSPITA	AL:		OTHER:							-	
₹ I		nt 2 ER/Outpati			e 5 🗆 Reeldence		-					
		ATE OF INJURY fonth, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. OE\$	CRIBE HOW II	NJURY OC	CUREO			
B	2 Accident Investigation			M 1 0								
	3 Suicide 8 Could not be 4 Homicide detarmined	LACE OF INJURY — ullding, etc. (Specify)	At home, farm, i	street, fectory, offic	1		ATION (Street a or Town, State)	ind Number	r or Rural R	loute Number,		
COMPLETED	- Itolinotos Gatallinieg											
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	beet of my knowled	ige, death occurr	ed at the time, data	and place, end dua	to the ceu	se(e) end men	ner ee sta	ted.			
MC	one) 2 MEDICAL EXAMINER: On the be									) end menner es ata	ated.	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		-			(Month, Day, Year)		
B		dical	Dani	en-t-		86		AFU. UAI	11 /	(moreti, vey, rear)	, 1	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE			lent	13	00		_	11/=	25194		
	Cl. (1 C. P. d.				2 4					1.2	30	
1	31. DATE FALED MINISTER WAS A SCHOOL	GISTBAR'S SIGNAT	"Cine.	57. Ag	nes Hos	spita	l Ba	Inm	one	110212	-17	
	1925 Jan 1934 Jan 1925	GISTRAR'S SIGNAT		•		•	,					

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/5/94 t.t

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL	HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH DAY	YEAR 3. TI	IME OF DEATH		
	1	UNKNOWN 94-12:				July			0630 M		
₽		4. SOCIAL SECURITY NUMBER	1 🔐 M 2 🗆 F	yrs. last birthday) IF UI YRS.	NDER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN.	(1.4 +h	F BIRTH Day, Year)	8. BIRTHPLAC Country)	E (State or Foreign		
<b>020</b> physician. burial-transit permit. Pages 1, 2, 3 should	стов	9a. FACILITY NAME (If not institution, give Middlebranch W. Marker 9-3000 ARSIDENCE OF DECEDENT			Raltimore	DEATH	9c. COUI	NTY OF DEATH			
es 1	REC	10e. STATE 10b. COUNT		10c. CITY, TOV	VN OR LOCATION			10d.	INSIDE CITY		
mit. Pag	□	10e. STREET AND NUMBER			T			10	LIMITS? YES 2 NO		
n. ansit per	FUNERAL	104. STREET AND NOMBER			10f. ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?		
r attending	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex 1   YES 2   NO Spe	icen, Puerto Ric	(Specify Yee or No-	14. RACE — Al Black, Whi Specify:	mericen Indien, ite, etc.		
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION s completed)  College (1-4 or 5 +)	6a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b. F	(IND OF BUSINESS/IND	USTRY			
ND 2 hospital ached fo	MP										
YLA by the be del	l iii l	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Mid	ddle, Maiden Surname)				
	TO B										
HORE, e 6 may be rector, page		20e. METHOD OF DISPOSITION  1	novel from State camete	LACE AND DATE OF DIS ery, crematory or other pla Val		DATE	20c. LOCATION	City or Town, S	tate		
BALTIMORI after death. Page 6 may by the funeral director, p moval.		21, SIGNATORIE OF PUNERAL SERVICE LI	CENSEE Ronald W.	ade,Dir	22. NAME AND ADDRESS OF 655W.Balti						
withing hours afti withing hours afti appletely filled in by 1 cremation, or remo vent, the medica		23. PATT I. Enter the disease, or shock, or heart failura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused it List only one cause on each a. DPOWNING DUE TO (OR AS A CO	h line.	nter the mode of dying, s	uch es cerdie	ec or respiratory an	est,	Approximate interval Between Onset and Daath		
Secuendand and pure	RTIFICATION	Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
P.O. E	ERTIFIC										
So a se se se se se se se se se se se se se	CAL CE	PART II. Other significent condition	ne contributing to deeth but	not reculting in the	underlying ceuse given		24a. WAS AN AUTOPSY PERFORMED?	AVAIL	E AUTOPSY FINDINGS LABLE PRIOR TO		
F VITAL RECORD SIGNAY: The law requires that the certificate has been signed by the State Dept. of Health and h. to stiem 23 shows any Inj., or item 23 shows any Inj.	MEDIC						1 NES 2 □ NO	OF D	PLETION OF CAUSE DEATH? Ses 2 \(\sum \) NO		
L law	SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF D	Lud	40 🗆					
VITAL JAN: The law tificate has e State Dep	101	EXAMINER?  1X YES 2 NO	HOSPITAL:	ОТ	26. PLACE OF DEATH (						
F V SICIAN Certific the S	PHYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetic	ent 3 DOA 4 D	Nursing Home 5 Residence						
이 수 배를 할	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) FOUND 7-13-94	FOUNDERY 5:59 A	WORK? 1 □ YES 💥 NO	SUBJEC		URED			
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED	3 Suicide 8)(X) Could not be 4 Homicide	28e. PLACE OF INJURY — building, etc. (Specify) FOUND: IN WAT	)	factory, office	SOUTH S. HANO	OFF SHORE BALTIMORE BO VER ST. BALT	) NEAR AT RAMP IMORE CI	3000 BLOCK		
DIVISI TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 Is	COMPLET	29e. CERTIFIER (Check on) 2 MEDICAL EXAMIN	ICIAN: To the best of my knowled ER: On the basis of examination e	ige, death occurred at t	he time, date end place, end o my opinion, death occured at t	lue to the cause the time, date e	e(e) end menner ee atat nd place, end due to th	ed. e cause(e) end	menner ee stated,		
ie HO ie Fui M with	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	B )		29c, LICENSE I	UMBER	29d. DAT	E SIGNED (Mont	th, Day, Year)		
D D D D D D D D D D D D D D D D D D D	TO B	30. NAME AND ADDRESS OF PERSONANT	D COMPLETED CAUSE OF DEAT	H (ITEM 27) (Time Print)	0.C.	M.E.	▶Jı	ıly 13	1994		
		Ann M. Dixon,	MD. 11	1 Penn S	Street, Bal	Ltimor	e, Mary	Land 2	21201		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE							



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ဝ

FOR STATE REGISTRAR 1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

TEGISTIAN				UAIL	<u> </u>	DEA			HEG. NO			
1. DECEDENT'S NAME (First, Middle, Last) UNKNOWN 94-199	)							2. DATE O MONTH OCT	D	AY	YEAR 3.	TIME OF DEATH  11:34 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O				ACE (State or Foreign
	1 😾 M 2 🗌 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)	, , , , , , , , , , , , , , , , , , , ,
9e. FACILITY NAME (If not institution, give si				21 21711						-		
The party of the state of the s		T				OR LOCATION		EATH		9c. COU	NTY OF DEAT	H
MARYLAND GENERA	AL HOSP	ITAL		BA	LT.	IMOR	E					
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY												
113.5.5.0			10c. CITY	r, town or	LOCA	TION					1.	d. INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER					10	I. ZIP CODI	Ē			10g. CITI	ZEN OF WHA	T COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. AR		13. W	S DEC	ENDENT O	F HISPAN	VIC ORIGIN?	(Specify Yea	or No-	14. RACE —	American Indien.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 1	NO	If y	yes, sp	ecify Cube	n, Mexica	n, Puarto Ric	can, etc.)		Constitu	Black
15. DECEDENT'S EDUC	CATION	16e, DE	CEDENT'S	USUAL OCC	UPATIO	ON	_	16b I	CIND OF BUS	NESS/INC		
(Specify only highest grade	completed)	(G	ive kind of w Do NOT us	rork done du	ring mo	st of workin	g	100. 1	UND OF BUS	INESS/INC	JOSINI	
Elementary/Secondary (0-12)	College (1-4 or 5	•)		o romou.y								
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Mic	ddle, Maiden	Sumame)		
19e. INFORMANT'S NAME (Type/Print) O C M C		190	b. MAILING	AOORESS (	Street a	and Number	or Rural I	Route Number	r, City or Town	n, State, Zip	Code)	
20e, METHOD OF DISPOSITION  1		cemetery, cre	metory or oth		ION (Na	anie of		OATE	20c. LO	CATION —	City or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Kona	ld Wade	e,Di:	r 22. N/	ME A	ND ADDRES	S OF FA	CILITY S	tate	Ana	tomv	Board
Somuel 10	Cheel		,								MD21	
23. PART I. Enter the diseeses, or o	omplicatione tha	t caused the de	ath. Do n	ot enter th	ne mo	de of dyi	ng, auc	h as cerdia	c or reepi	ratory arr	eat.	Approximate
ahock, or heart fellure.	Liet only one cau	se on eech line	).							,	,	interval Between
iMMEDIATE CAUSE (Finel disease or condition	A CITUD	NI A DCOTT	TC T	NITTON	TC	አጥፐር	NT.					Onset end Death
resulting in death)	ACUTE	NARCOT	TC T	MIOX	IC	AIIC	)IA					
	DUE TO	(OR AS A CONSE	OUENCE OF	):								
Sequentially list conditione, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	):								
cause. Enter UNDERLYING												
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	OUENCE OF	):								
resulting in death) LAST												
	1											
PART II. Other algnificent conditions	s contributing to	death but not r	eeulting li	n the unde	erlyln	g ceuse g	jiven in	Pert I. 2	4a. WAS AN		24b. WE	RE AUTOPSY FINDINGS
									PERFOR			MILABLE PRIOR TO MPLETION DF CAUSE
								— l'	X YES 2	□ NO	OF	DEATH?
											1	KYES 2   NO
DID TOBACCO USE CONTR	RIBUTE TO CA			_		J UNC	ERTAIN	V 🔲 ]				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC		H (Check on	y one)							
1X YES 2 □ NO	1 Inpetient 2	ER/Outpatient 3		OTHER:	g Hom	e 5 🗆 Re	eldence	6 🗆 Other (	Specify)			
27. MANNER OF OEATH	28e. DATE OF	INJURY	28b. TIME	OF 2	Bc. INJ	URY AT			RIBE HOW II	NURY OCC	CUREO	
1 Natural 5 Pending	Found	0/16/01	POUNT	PHY M	1 1 1	RK? YES 2717	NO	Um	Kna			
2 Accident Investigation		F INJURY — At ho	1227	5 Innet tente				001100			P 1 P	
3 Suicide 6 Could not be 4 Homicide Adetarmined	Form	etc. (Specify)	str	eest.	, onic	•		Street	Town, State	3 PU bl	K of W	Number, Franklin
290. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the best of	any branch des	ath ac	4 -4 45 -11					, 09	110-	Price.	
(Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINER												d manner as stated
A		VIC-18-417-5-4		, -,-,-	-				p			
296. SIGNATURE AND TITLE OF CERTIFIER	on.					29c. LICE	NSE NUM	MBER				inth, Day, Year)
Dennis J.	Chuts	2				0.0	C.M.	E.		OCI	1.27,	1994
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITE			-00	+ 1	3a1+	imor	e M	arv]	Land	21201
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	reill	ווטנו	. 66	L, I	Jari	THOT	e, M	шту	Land	e T e O T
NOV 2 8 1994 4.		-Rondolla										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	HEGIOTHAN				CENTI	ICAI	E OF	DEAL	п	REG. I	IO.		
		1. DECEDENT'S NAME (First,	, Middle, Last)	Dell		11					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
		Laura 4. SOCIAL SECURITY NUMB	DER	Bell 5. SEX	6 AGE /In	yrs. last birthday	ines	DER 1 YEAR	IF UNDER	04 1000	Novembe:	20,		
P		212-56-7570		1 🗌 M 2 🔀 F	o. AGE (III )	63 <sup>YRS</sup> .	MONTH		HOURS	MIN.	(Month, Day, Year,	1931	Count	PPLACE (State or Foreign ry) Lorida
3 should	ECTOR	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
1, 2, 3		815 N. Coll	ingtor	1 Avenue				Balt	imore	-		ىلل	N/A	
ges	Ĭ Ĭ	10e. STATE	10b. COUNTY	1		10c. C	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
the burial-transit permit, Pages	FUNERAL DIR	MD	N	I/A			Balt	imor						LIMITS?
sit per		100. STREET AND NUMBER	linate	n A				11	or. ZIP CODE					WHAT COUNTRY?
trans		815 N. Col	TINGLO	12. WAS DECEDEN		S ADMED	21205 U.S.A RMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACC							
urial		1 Never Married 2	Married	FORCES? 1	YES	YES 2 NO If yea, specify Cuban, Me					, Puerto Rican, etc.)	Yea or No-	14. RACI	E — American Indian, k, White, alc.
as the t	ВУ	3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE W	AR OR DATE	is		1   YE	S 2 K) NO	Specify			Spec	Black
nse	TED	(Specify only	EDENT'S EDUC y highest grade	completed)		Give kind of life. Do NOT	work don	ne during m	ION lost of workin	g	16b. KIND OF	BUSINESS/IN	IDUSTRY	
hed for	COMPLET	Elementary/Secondary (0 9th	l-12)	College (1-4 or 5 -	·)	Cashi		/			n/a			
detach once.	ON	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	IER'S NAI	ME (First, Middle, Maid			
व क	BE C	Robert Ja							Davis					
age 5 should be notified	101	19m. INFORMANT'S NAME (7) Gloria Gu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9							oute Number, City or enue/Balt			21205
must b		20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	cemete	ACE AND DATE ry, cremetory or 1timor	other place	e)		em.		LOCATION -		
in by the funeral director, page 5 should be detached for removal.  ledical examiner must be notified at once.		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	7		M	larch	F/H	East	ILITY			
mova Icai		23. PART i. Entar the di	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arreat, Approximate											
and completely filled in by the bunial, cremation, or remova matic event, the medical		anock, or na	interval Batween  immediate CAUSE (Final disease or condition											intarval Batween Onset and Daath
atic even	NC	Sequantially list conditions, DUF TO (OR AS A COMSEQUENCE OR).												
ending physician and c Hygiene prior to buria or other traumatic	ICATION	If any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury												
the attending physician a Mental Hygiene prior to njury, or other traum	ERTIFI	that initiated evants reaulting in dasth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.												
Menta Menta jury,	L C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
3 2 2	₹ I	and and and and		o continuating to	Geath Dut	not rasulting	iii tiia t	unuariyii	ig causa g	iven in i	PERF	ORMED?	246	AWAILABLE PRIOR TO
signed Health a	EDICAI		-								t _ YES	2 NO		OF DEATH?
of He	×										_			1 TES 2 NO
certificate has been the State Dept. of it, or item 23 sho	ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Backslash \) NO \( \backslash \) UNCERTAIN \( \Backslash \)												
State C	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26.	PLACE OF DE	OTHE	- ,	, ,					
ne St	YSI	1 TES 2 NO		t ☐ Inpetient 2 ☐	ER/Outpetle	ent 3 🗆 DOA	4 🗆 N	ursing Ho	ne 5 De	aldence (	Other (Specify)			
with with	у РНУ		Pending Investigation	28a. DATE OF (Month, D		28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	NO NO	28d. DESCRIBE HO	V INJURY OC	CCURED	
DIRECTOR: After thours after death item 28 is man	red B	3 Suicide 6	Could not be determined	28a. PLACE O building,	F INJURY — atc. (Specify)	At home, farm,	street, to	actory, offi	ca		281. LOCATION (Stree City or Town, Sta	et and Numbe	er or Rural F	Route Number,
DIRECT HOURS	9	29a, CERTIFIER	TEVINO DUVOU	OLANI, TILINI, I				.15						-
국 은 노	COMPL										o the cause(a) and r lime, data and placa,			i) and manner as stated.
TO THE FUNERA  De filed within 7  IMPORTANT: 1	ш	296. SIGNATURE AND SITLE		Α					29c. LICE			_	TE SIGNED	(Month, Day, Year)
P S S	TO B	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Tun	Print)		וע	415	6	•	• •	2 94
		56m		OI REily		Johns		rilly	1 DNC	oro	M Corter	K	> mol	e mo
		31 NOV2 8 199	14 Jul	distant	WAR V	₽E .								
L			4											

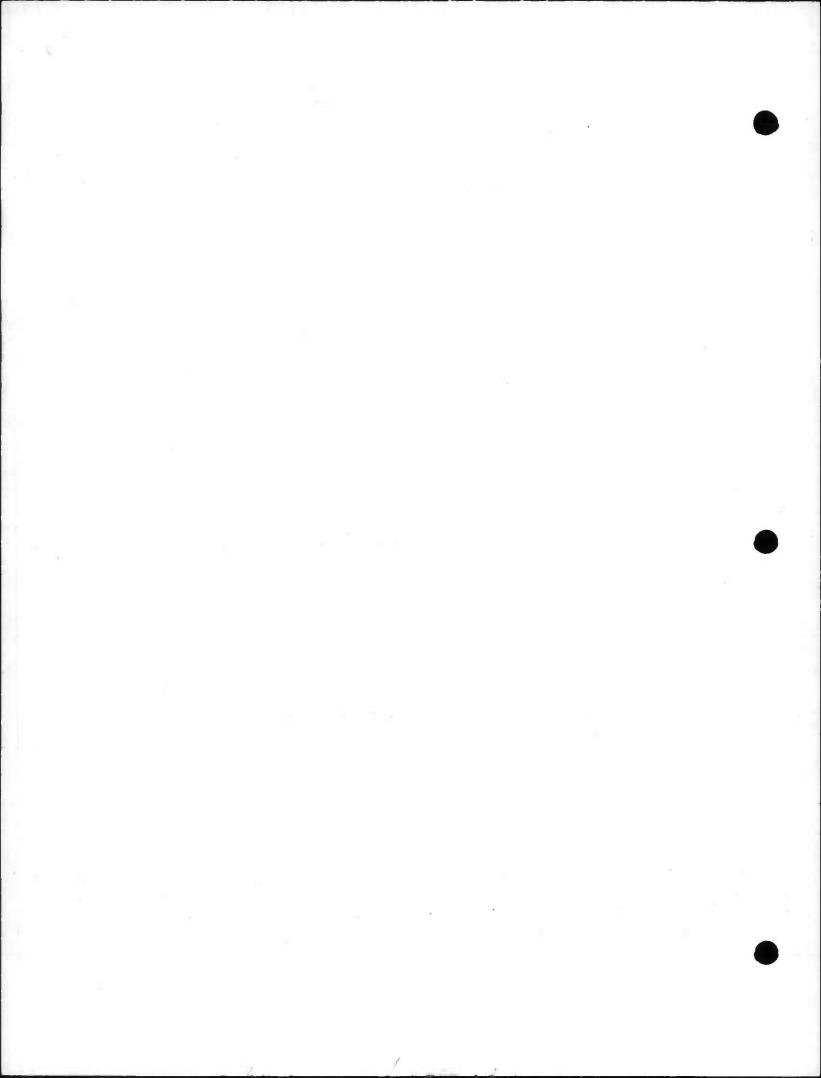
SECON: The law requires that the death certificate be executed within whom's after death. Page 6 may be retained by the hospital or attending physician.

Contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2	390	ă
E	0.	187
e 6	5	E
Pag	-6	ě
ď.	era	声
eal	Ę.	X3
9	at the	-
aff	20 E	ca
Sin	5	9
2	200	E
	fill fill	the state
Æ	tel)	-,
`≨	aldr org	ē
至	Po le	
22	P	at o
8	E of	E
8	Cla	2
cate	SA	-
E E	g e	5
S	들	10
ath	tal	0,
de	9	5
€	the ball	三
that	d b	=
Se	gne	60
· S	S H	3
ě	99	45
AM.	as t	23
e	2 0	E
34	12	9
Ã,	12	6
3	0.5	æ.
ă.	₽6	看
εÀ	通用	2
ğ	-	-
1	百百	23
星	2 5	-
8	毎日	- 8
TO THE HOSPITAL OR ATTENDANG DEVELORAY. The law requires that the death certificate be executed with hours after death. Page 6 may b	TO THE FUNERAL, URECITAL when this can waite has been signed by the attending physician and completely filled in by the funeral director, pag the filled within 72 hours after the filled within 72 ho	IMPORTANT: If tem 28 is marked or item 23 shows any Injury, or other traumatic event, the medical examiner must be
SP	ER E	=
ĕ	5	3
¥	里 2	R
E	こ	4
$ \cong $	2	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH		
	AUDREY MADELINE	VIZZINI				MONTH	V: 26	1994	945 PM		
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	S. BIRTI	IPLACE (State or Foreign		
	218-01-2129 1  9e. FACILITY NAME (If not institution, give stree		YRS.	DAYS DAYS	HOURS MIN.		21 191		ryland		
œ	Stella Maris Ho		1,		OWSON	EATH	9c.	COUNTY OF D	timore		
8	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 10b. COUNTY		10c. CITY, 1	rown or locat Bal	timore		10d. INSIDE CITY LIMITS? 1  YES 2 NO				
	10e. STREET AND NUMBER										
E	3838 Roland										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No										
1 Never Married 2 Merried FORCES? 1 YES 2 10 If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 Never Married 2 Merried FORCES? 1 YES 2 10 If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:											
	15. OECEDENT'S EDUCAT	ION I	N 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDU								
	(Specify only highest grade cor	mpleted)	(Give kind of wor.	k done during mo	st of working	10B. K	IND OF BUSINES	S/INDUSTRY	.3/		
P	12	Coflege (1-4 or 5 +)	Home	emaker					1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mid	dle, Maiden Surne	me)	7		
BE C	Andrew J. O'	Connor			E.	lsie	E. Dam	ım			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street e	nd Number or Rural	Route Number,	City or Town, Sta	le, Zip Code)	,		
F	Joan Baseman		2164	Lorr	aine A	ve. B	alto.M	ID 212	207		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove		LACE AND DATE OF			DATE		N — Cify or To	wn, State		
	4 🗆 Donaffon 5 🗆 Other (Specify)	Me	eadowric			11/2	Dor	sey,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	FRE / / -			ID ADDRESS OF FA						
	· Stally He	no Carpe	me		ee-Hens				1211		
	23. PART I. Enter the diseases, or con ahock, or Maert failure. Lis	nplications that caused t	the death. Do not	anter the mo	da of dying, suc	ch as cardia	c or respiretor	y arreat,	Approximate		
	IMMEDIATE CAUSE (Finel								intarval Between Onaet and Death		
ľ	disease Dr condition resulting in death)	LUNG	CAN	CF/L					16 mos		
	,	DUE TO (OR AS A C									
Z	Sequantially ilst conditions,										
Ĕ	if eny, laeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):								
FIC	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A C	CONSEQUENCE OF								
CERTIFICATION	resulting in death) LAST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						j		
빙	d.								1		
AL	PART ii. Other algnificant conditions of	ontributing to death but	not reaulting in	the undarlying	g cauaa given in	Part i. 2	4a. WAS AN AUTO PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
ö						1	TYES 2 X	0	COMPLETION OF CAUSE OF DEATH?		
X							•		1 - YES 2 - NO		
BY PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF		ES NO						
o l		IOSPITAL:	C	THER:	ACE OF DEATH (C)						
ž.	1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpet	lent 3 DOA 4		e 5 🗆 Reeldence			SPICE			
Ŧ	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	28d. DESCR	RIBE HOW INJUR	OCCUMED			
	2 Accident Investigation 3 Suicide 8 Could not be	26e, PLACE OF INJURY	- At home, ferm, stre			261 LOCATI	ION (Street and No	imber or Rural (	Onuta Number		
COMPLETED	4 Homicide B Could not be	building, atc. (Specify	1)			City or	Town, State)		Notice Profession,		
F	290. CERTIFIER CERTIFYING PHYSICIA	IN: To the best of my knowled	for death occurred	at the time date	and alone and du		(a) d	5.5			
MP		On the beele of examination							a) end menner se stated.		
	2964 SIGNATURE AND TITLE OF CERTIFIER								Control of the second		
B	Chenda Do . P	Fail Db	Q111.0		29c. LICENSE NU	42	294	W/AR	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	int)		10		1001	1		
	DR. KENDALL FAULKN	VER 2300 DUL	ANEY VALI	EY ROA	D TOWSO	N, MD	21204				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S DIGNAT				-					
	NON 2 8 1994 July	of all investigate in another	u								

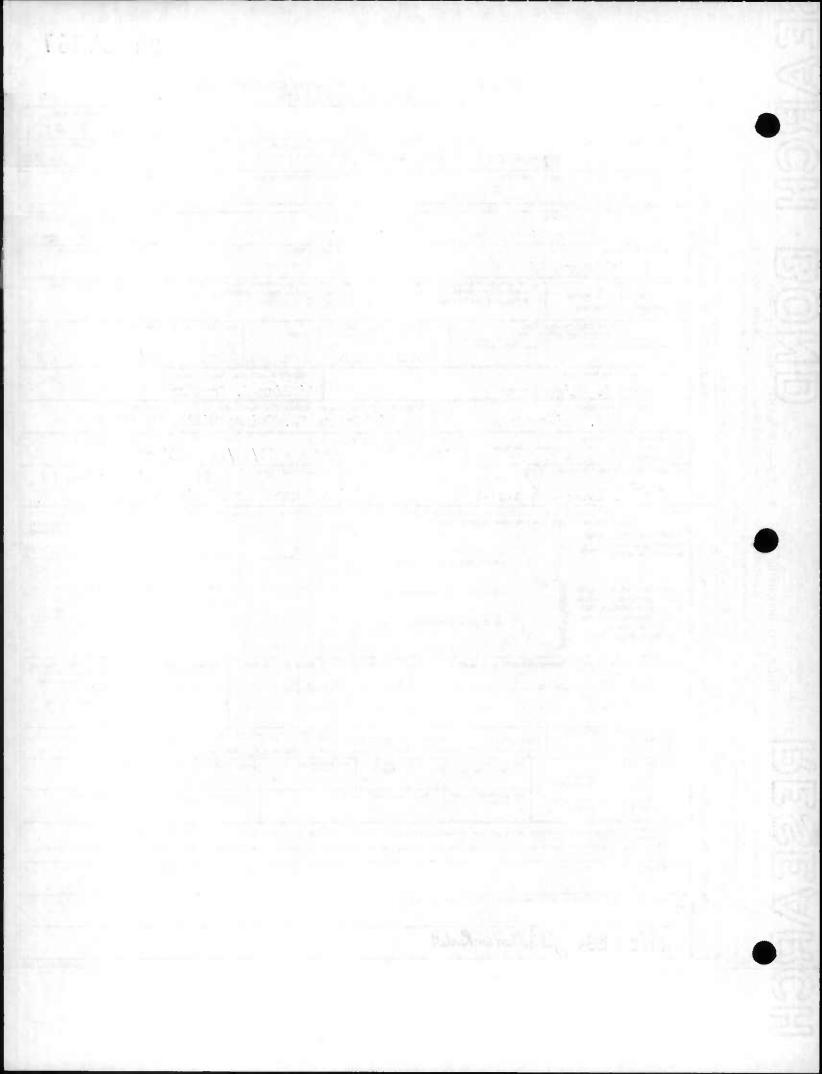


-
•
-
0
8
~
00
400
68760
-
ВОХ
0
=
8.6
P.O.
0
п,
_
10
97
$\Box$
~
RECORE
0
-
0
111
Œ
TAL
_
1
2
=
5
-
0
_
7
0
_
CO
==
DIVISION
0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.							
1	1. DECEDENT'S NAME (First, Middle, Last) HENRY S. U	JEIDENHAM	ER	2. DATE OF DEATH MONTH DAY NOVEMBER-6	YEAR 3. TIME OF DEATH						
	0.0	2 □ F 68 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-12-26	BALTIMORE						
TOR	Pa. FACILITY NAME (If not institution, give street and in NORTH WEST HORESTORE)	SPITAL	96. CITY, TOWN OR LOCATION OF DEATH  RANDALLS TOWN  BALTIMOR								
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
	10e. STREET AND NUMBER	he county   out	ngs Mills 101. ZIP CODE	10g. CI	1 ☐ YES 2 € MHO						
FUNERAL	1 Never Married 2 N Married FOR	DECEDENT EVER IN U.S. ARMED CES? X1 X YES 2 NO	If yes, specify Cuban, Maxica		14. RACE — American Indian, Black, Whita, etc.						
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION	ES, GIVE WAR OR DATES  16a. DECEDENT'S U	1 TYES 2 NO Specify	16b. KIND OF BUSINESS/II	white						
COMPLETE	(Specify only highest grade completed	(Give kind of wo life. Do NOT use Parts A	rk done during most of working retired.)	Manufactw							
	17. FATHER'S NAME (First, Middle, Leat) Henry O. Weidenham		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)  E. Southard							
TO BE	190. INFORMANT'S NAME (Type/Print)  Marsha S. Weidenha	19b. MAILING A	DDRESS (Street and Number or Aural F ghfalcon Rd. OW	Route Number, City or Town, State, 2							
	20g. METHOD OF DISPOSITION  XIX Buriel 2 Cremetion 3 Removal from	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 200. LOCATION - 128/94 Baltimo	- City or Town, State						
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10	22. NAME AND ADDRESS OF FA	11824 R	eisterstown Rd						
	23. PART I. Enter the diseases, or complice	tions that caused the death. Do no			stown, MD 21136						
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in death) LAST										
MEDICAL	PART II. Other algorificant conditions contributed by A BETES ME I	buting to death but not resulting in	the underlying cause given in IFERAL VASCU	Part I. 24a, WAS AN AUTOPS' PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE DF DEATH (Chi	ack only one)							
PHYSICIAN:			OF 28c. INJURY AT WORK?	6 ☐ Other (Specify)  26d. DE\$CRIBE HOW INJURY O	CCURED						
red BY	2 Accident Investigation	p. PLACE OF INJURY — Al home, farm, stribuliding, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,						
COMPLET	41	the best of my knowledge, death occurred bests of examination and/or investigation,									
TO BE C	296, SIGNATURE AND TITLE DF CERTIFIER  A + 10 3	1 MD	29c. LICENSE NUM D 451		ATE SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPL	ROAD, RANDA		ND 21133	}						
	NOV 2 8 1994 Julia 3	REGISTRAR'S SIGNATURE									



<b>BALTIMORE, MARYI</b>	Donor offer doneth Done & was be selected by
E	D. Ad
MA	dans
ш	- after
1	2000
50,	
( 687	bothoon
6	2
S, P.O. BOX 68760.	a death partificate be executed unit
4	andh.
S	4

1 - FOR STATE REGISTRA		SIMIE UF MI	RYLAND / DEPAR CERTIF	ICATE OF			YGIENE EG. NO.		
1. DECEDENT'S	IAME (First, Middle, Lest)		Woo	ds		2. DATE OF E	DAY	YEAR 3	TIME OF DEATH
	NO -5798  ME (If not institution, give st	1 M 2 D F	AGE (In yrs. last birthday)  67 YRS.	IF UNDER 1 YEAR MONTHS DAYS NIA NIA		7. DATE OF B (Month, Day	IRTH (, Year)   School   Schoo	Country)	ACE (State or Foreign  Carolin
Bon :	Secours Ho	spital			MOVE	EATH	9c. COUNT	ly of deat	тн
10a. STATE	10b. COUNTY	NIA		ry, TOWN OR LOCA					Od. INSIDE CITY LIMITS?  YES 2 \( \square\) NO
100. STREET AND 2567	NUMBER West ba	Favalle 1			21216	10 F	10g. CITIZI		AT COUNTRY?
11. MARITAL STA 1 Never Merri 3 Widowed	rus ed 2 Merried	12. WAS DECEDENT FORCES? 1 X	EVER IN U.S. ARMED YES 2 NO	If yea, s	CENDENT OF HISPA pecify Cuban, Maxico S 2 100 Specia	en, Puerto Rican		Black, V Specify:	American Indian, White, atc.
Elementary/S	15. DECEDENT'S EDUC Specify only highest grade scondary (0-12)	ATION	16a. DECEDENT'S (Give kind of life. Do NOT u		lost of working	16b. KIN	D OF BUSINESS/INDU		omer
	ME (First, Middle, Last) In Woods	L	Posta	11 Work	16. MOTHER'S NA	AME (First, Middle	ail Maiden Sumame) aulkner		
19a. INFORMANT	S NAME (Type/Print) Woods				and Number or Rural	Route Number, C	Balto, MI		216
4 Donetion 21. SIGNATURE C	Cremetion 3   Remets 5   Other (Specify)	ENSEE K	20b. PLACE AND DATE complety, crematory, or GATTSIC	n Fore Jose 22. NAME / Jose 2222	st Vet.  NO ADDRESS OF FOR Ph L. R  W. Nor	uss Fi	Owings Nuneral Fe., Balto	Mill:	s, MD
iMMEDIATE Codisease or correaulting in de	AUSE (Final highlighted and selection	List only one cause	on each line.	Cance					interval Betwee Onaet and Deat
if any, leading cause. Enter I CAUSE (Disea that initiated in	that initiated events  The initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other	aignificant condition	e contributing to d	eath but not resulting	in the underlyi	ng cause given in		. WAS AN AUTOPSY PERFORMED?	CH	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE RE EXAMINER?	FERRED TO MEDICAL	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
1 VES 2  27. MANNER OF 1  1 Natural  2 Accident	7	28a, DATE OF IN (Month, Day)		IE OF 28c. IN	Mesidence  JURY AT  ORK?  YES 2 NO		ecily) BE HOW INJURY OCCU	JRED	
3 Suicide 4 Homicid	6 Could not be	26s, PLACE OF building, et	INJURY — At home, farm, c. (Specify)	street, factory, off	ica	26f. LOCATIO City or To	N (Street and Number own, State)	er Rural Rou	te Number,
29a. CERTIFIER (Check only one)			y knowledge, death occur mination and/or investigati						nd menner as stated.
296. SIGNATURE	AND TITLE OF CERTIFIER	Abboyo	d, M.O.		29c. LICENSE NU		29d. DATE	SIGNED (M	onth, Day, Year)
/	Thai !	MSome	OF DEATH (ITEM 27) (Type	Bon.	Secou	rs 1.	tospital	2	
31. DATE FILED (	North, Day, Year) 2 8 1994 A	32. REGISTRAN							

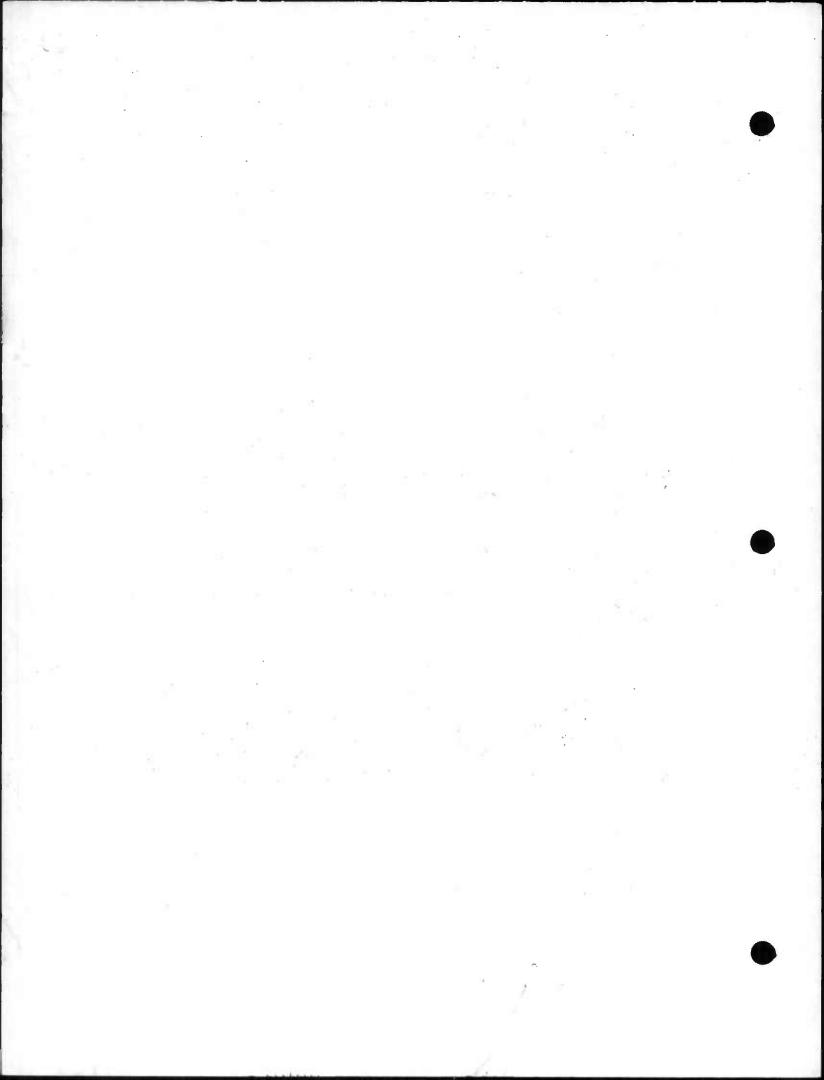
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 us after death. Page 6 may be retained by the hospital or attention physician

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

. Page 6 may be retained by the hospital or attending physician.	and director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should		ilner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: Afte	be filed within 72 hours after deal	IMPORTANT: It Item 28 Is m

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH		3. TIME OF OEATH
	KATHLEEN KIRK	WRIGH	Т	11-13-9		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (	In yrs. lest birthday) IF UND	ER 1 YEAR	7. DATE OF BIRTH		4:17P M
	215 48 2885 1□M2√2F 7	6 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 1-6-191	Count	ry)
	9e. FACILITY NAME (If not institution, give street end number)		TY, TOWN OR LOCATION OF D		9c. COUNTY OF	
۳ ا	321 University Blvd W	EST	Silver Sp	ring		
DIRECTOR	RESIDENCE OF DECEDENT			LING	Honeg	omery Co
	10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		160	10d. INSIDE CITY LIMITS?
	Maryland Montgomery Cou	inty Sil	ver Spring			1 YES 2 NO
ا ≩	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	321 University Blvd-Wes			20901	US	A
	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES	2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.)	or No- 14. RAC Blac	E — American Indien, k, White, etc.
<sub>β</sub>	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	ATES T	1 Nes 2 No Specif		Spec	White
_	15. DECEDENT'S EDUCATION	18e. DECEDENT'S USUAL (	OCCUPATION	16b, KIND OF BUS	NESS/IND/JETDY	wiite
ETED	(Specify only highest grade completed)	(Give kind of work done life. Do NOT use retired.	during most of working	IOD KIND OF BUSI	MESS/MEDOS I HT	
۱ ۵	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemak				
COMPL	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	AME (First, Middle, Meiden S	(urname)	
O	Harry J. Kirk			yn Schind	,	
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	SS (Street and Number or Rural			
2	John Wright	321 Un	iversity B	lvdWEST S	ilvers	nr MD20901
	20e. METHOD OF DISPOSITION 20b	PLACEAND DATE OF DISPO			ATION — City or To	
	1 Buriel 2 Cremation 3 Removal from State  4\( \) Donation 5 Other (Specify)	etery, cremetory or other piece	9)			
	31. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald	Wade, Dir 22	NAME AND ADDRESS OF FA	CILITY State	Anato	my Board
- 1	Anna 1 111 Roll.		655W.Balti			
-1	23. ART i. Enter the diseases, or complications that caused			•	-	
- 1	snock, or heart fellure. List only one cause on e	ach line.	. the mode of dying, add	ar as deluted of leaph	atory arreat,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition					Onset and Death
	resulting in death)	CONSEQUENCE OF:	Cancer			
_						i
<u> </u>	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):				
RTIFICATION	cause. Enter UNDERLYING					
	that initiated events	CONSEQUENCE OF):				
	resulting in death) LAST					
CE	PART II. Other algorificent conditions contributing to deeth b	ut ant regulting in the	underluine eauce einen la	Port I are uno sur	umanau Tau	
Š	The state agrinous conditions continuing to deeth of	or nor resulting in the c	inderlying cause given in	PERFORM	MED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC				1 YES 2	NO	OF DEATH?
				_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	<u> </u>				
PHYSICIAN:	EXAMINER? HOSPITAL:	OTHE				
<u>₹</u>	1   YES 2 NO   1   Inpatient 2   ER/Outp 27. MANNER OF DEATH   28e. DATE OF INJURY	atlent 3 DOA 4 No	28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	HIRV COOLINGS	
	Netural 5 Pending (Month, Day, Year)	INJURY	WORK?	200. DESCRIBE HOW IN	JUHY OCCUMED	
B	2 Accident Investigation 28e. PLACE OF INJURY	- At home, ferm, atreet, fa-		201 LOCATION (Street or	od Museebas as Duras!	Do to March 1
	3 Suicide 6 Could not be 4 Homicide determined	ify)	ctory, office	281. LOCATION (Street ar City or Town, State)	a Number of Hurai	noute Number,
	290. CERTIFIER			l		
COMPLETED	(Check only CEHTIFTING PHYSICIAN: To the best of my know					
<u> </u>	2 MEDICAL EXAMINER: On the besie of examination	n end/or investigation, in my	opinion, death occured at the	time, date end place, end	due to the ceuse(	e) end menner ee stated.
뷞	29b. S/GNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
2	Star Dismonship		0210	731	11-16	-94
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		Dan: 5-	h	h. e	2.0-2
	וא ולי 🛌 משים מודט ואישיטיים עום ו	MEDIANI	POOL NO	4-011 S. C	s. Mo	
1			- PARK DR	- Al 313	, 1.05	20902
	31. DATE FILED (Morrith, Day, Year)  NOV 2, 8 1994  Janis Sanisan Russ		- THRE DIC	TAI SIS	, ,,	202



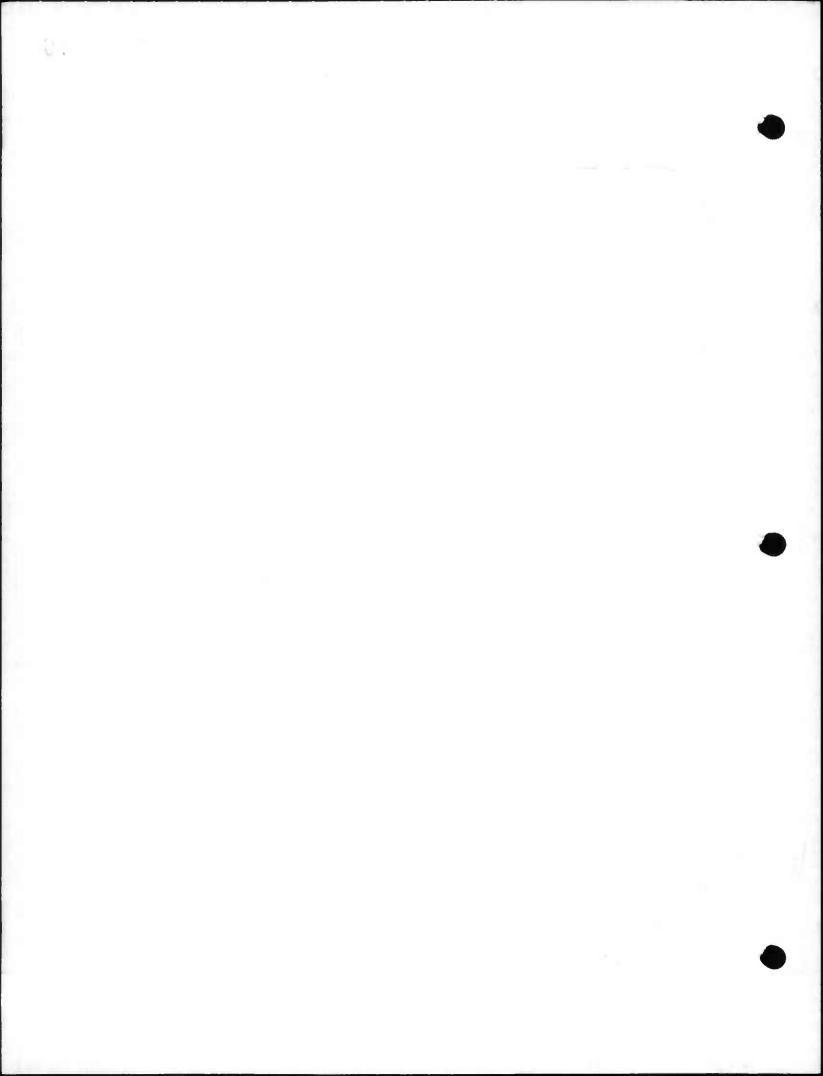
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within beforms after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTANT: If them 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGIOTHAN									HEG. NO.			
	1. DECEDENT'S NAME (First,							2. DATE OF DEATH			3. TIME OF DEATH		
1	Erna White								YEAR	2.50 - 4			
1 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In								11-24-94 2:50				
) [			-0.011-21	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH 8. BN (Month, Day, Year) Co.		8. BIRTH Country	PLACE (State or Foreign
1	325 266676	403	1 🗆 M 2 😾 F	92	YRS.	MUNTING.	DATS	HOURS	Marri.	6-16-02			ermany
	9a. FACILITY NAME (If not in		treat and number)						UNITY OF DEATH				
l ~ 1	The state of the s	attitution, give a	tion and number)							AIH			
0	Broadmead	1380	1 York Ro	ad		Co	cke	ysvi	11e		В	altir	nore
DIRECTOR	RESIDENCE OF DEC	EDENT											
l <u>w</u> l	10a. STATE	10b. COUNT	4		10c. CITY	, TOWN O	R LOCAT	ION					10d. INSIDE CITY
1 %	Manual and	Д-	1timore		/	Cocke		111				- 1	LIMITS?
	Maryland	Da	rtimore			JOCKE	<u> </u>						1 TES 2 NO
¥	10e. STREET AND NUMBER						101	ZIP CODE	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	13801 York	Road						210	30		Un	ited	States
Z	11. MARITAL STATUS		12. WAS DECEDEN	Y 51/50 MI II O A	4450	T							
교	1 Never Married 2	Mandad	FORCES? 1	YES 2	MED.	13. 1	WAS DEC	eNDENT C	of HISPAN on Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No	14. RACE Black	- American Indian, , White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE W						Specify			Speci	Nr.
	X widowed 4   Divo	rced				- 1					ĺ		White
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N .		18b. KIND OF BUS	INESS/IN	DUSTRY	
ΙĒΙ		y highest grade		156.	ive kind of w Do NOT us	ork done a	furing mo:	st of working	פר	1911.304.4067			
	Elementary/Secondary (0		College (1-4 or 5+	)							_		
2			Two Yrs.		Teacl	ıer				Schoo	1		
ō	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NAM	ME (First, Middle, Maiden	Sumame)		
	David II II							M	t- 1	a Amma Hab	- Uo		
BE	Paul W. He		11		_					a Anna Hah			an
0	19a, INFORMANT'S NAME (7)	ypa/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	loute Number, City or Town	n, Stele, Zij	o Code)	
	WILLIS H. W	HITTE		5	10 B7	ער דא	TE	COLLD	אכד עד יוד	NOLD, MD.	2101	2	
									I ARI				
	20a. METHOD OF DISPOSITI 1 ☐ Burlel 2 ☐ Cremetio	n 3 🗆 Rem	oval from State	cemetery, cre			ITION /Na	me of		DATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 5 DOther	(Specify)		HILLT			E C	ORP.		11/26/94 т	OWSO	N. MI	).
	21. SIGNATURE OF FUNERAL	L SERVICE LI	ENSEE TOUN	E. DOL						NERAL HOM			-
1 1	V	E-11	JOHN	E. DOL	AIN								
	you,	1	con			10	50	YORK	ROAI	TOWSON,	MD.	21204	1
	23 PART I. Enter the di	SARSAS OF	complications that	onused the de	eth Do e	22 0220	the me	de ad de	in a silvet				1.0
	shock, or he	eart failure.	Liat only one caus	se on each line	atii. Do ii	or enter	the mo	ue or dy	mg, such	aa cardiac or respi	ratory ar	rest,	Approximate interval Between
1 1	IMMEDIATE CAUSE (Fin		-			L.							Onset and Death
	disease or condition	_	DAI	FILL	1011	14							1 land
1 8	resulting in death)		a	L-01	IUIV	//							week
1 1			OUE TO	OR AS A CONSE	JUENCE OF	):	4		7	EMEN	1-10		
Z			a MIU	L-//-	- //	IFF	1/	CT	1	EMEN	ITIA LOUV		
일	Sequentially list conditi if any, leading to immed		DUE TO	OR AS A CONSE	DUENCE OF	): ′′′	-					4	
\ <u>\\</u>	cause. Enter UNDERLYI	NG											
일	CAUSE (Disease or Inju		C.	00 40 4 00400	Menuae ae								_ i
	that initiated events resulting in death) LAS	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUEN						NCE OF):					
			12.										i I
	resulting in death, LAS	т	d.										
CER	EAS		d					_					
L CERTIFICATION			d	death but not i	esulting i	n the un	derlying	cause	given in i	Part I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	PART II. Other significa		d	death but not i	esulting i	n the un	derlying	cause (	given in I	Part I. 24a. WAS AN PERIFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	PART II. Other significa	nt condition	d	death but not a	esulting i	n the un	derlying T/	CA CA	given in I		MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL		nt condition	d	RH	esulting in	MA	TI	CA	given in I	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significa	nt condition	d	RH	EU	MA	TI	CA	given in I	PERFOR	MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	PART II. Other algnifica POLY PERIP PARKI	M.Y.	d	RH	EU	MA	TI	CA	given in i	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other signification of the part o	M.Y.	d.  Se contributing to ALAL VI	RH	EU	MA	7 / 26. PL	CA		PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other algnifica POLY PERIP PARKI	M.Y.	d. Secontributing to AL AL AL AL AL AL AL AL AL AL AL AL AL	EURO Dis <i>EF</i>	EU PAT SE	MA	7 / 26. PL	CA ACE OF D	EATH (Che	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	PART II. Other eignifica	M.Y.	d. Se contributing to AL AL AL AL AL AL AL AL AL AL AL AL AL	RH EURO DISEA ER/Outpatient 3	PAT SE	MA HY OTHER 4 DY Nurs	26. PL	ACE OF D	EATH (Che	PERFOR  1 YES 2  Inck only one)  8 Other (Specify)	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other eignification of the part o	nt condition	d. Secontributing to AL AL AL AL AL AL AL AL AL AL AL AL AL	EN/Outpatient 3	EU PAT SE	OTHER 4 Whum	26. PL	ACE OF D	EATH (Che	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significand production of the significant productio	M.Y.	d	EN/Outpatient 3	PAT SE DOA	OTHER 4 Whum	26. PL 1: ling Home 28c. INJI WO	ACE OF D	EATH (Che	PERFOR  1 YES 2  Inck only one)  8 Other (Specify)	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significand property of the part of the	nt condition  M-Y  LASE  D MEDICAL  Pending  Investigation	HOSPITAL: 1   Inpetient 2   28e. PLACE OF	EURO DISEA ER/Outpatient 3 INJURY 9/, Year)	DOA 28b. TIME	OTHER 4 Whurs OF JRY	26. PL l: ling Hom 28c. INJ WO 1 U	ACE OF D  S D Re  URY AT RK?  YES 2	EATH (Che	PERFOR  1 YES 2	MED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other signification of the part o	nt condition M. V. HER D MEDICAL	HOSPITAL: 1   Inpetient 2   28e. PLACE OF	EN/Outpatient 3	DOA 28b. TIME	OTHER 4 Whurs OF JRY	26. PL l: ling Hom 28c. INJ WO 1 U	ACE OF D  S D Re  URY AT RK?  YES 2	EATH (Che	PERFOR  1 YES 2  Inck only one)  8 Other (Specify)	MED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other signification of the part o	nt condition  M.Y.  HERA  D MEDICAL  Pending investigation  Could not be	HOSPITAL: 1   Inpetient 2   28e. PLACE OF	EURO DISEA ER/Outpatient 3 INJURY 9/, Year)	DOA 28b. TIME	OTHER 4 Whurs OF JRY	26. PL l: ling Hom 28c. INJ WO 1 U	ACE OF D  S D Re  URY AT RK?  YES 2	EATH (Che	PERFOR  1 YES 2  Inck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW II	MED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignification of the part o	nt condition  M-Y  HER  D MEDICAL  Pending Investigation  Could not be digitermined	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building,	EURO DISEA ER/Outpatient 3 INJURY 99, Year) FINJURY — At ho	DOA 28b. TIMU	OTHER 4 Whurs of JRY M	28. PL l: ling Hom 28c. INJI WO 1   Y	ACE OF D  S □ Re URY AT RIC?  ES 2 □	EATH (Chersidence	PERFOR  1 YES 2  1 YES 2  Other (Specify)  28d. DE\$CRIBE HOW ill  City or Town, State)	MED?	CUREO  r or Rural R	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignification of the part o	nt condition  M-Y  HER  D MEDICAL  Pending Investigation  Could not be determined	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building,	EURO DISEA ER/Outpatient 3 INJURY Ny, Year) FINJURY — At ho etc. (Specify)	DOA 28b. TIMI	OTHER 4 (V) Num OF JRY M Itrest, factor	26. PL 1: 28c. INJ 1 VO 1 VO	ACE OF D  5 □ Re URY AT RK? YES 2 □	EATH (Chorisidence   NO   NO	PERFOR  1 YES 2  1 YES 2  Other (Specify)  28d. DESCRIBE HOW if  City or Town, State)  to the cause(s) and man	MED?	CUREO  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignification of the part o	nt condition  M-Y  HER  D MEDICAL  Pending Investigation  Could not be determined	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building,	EURO DISEA ER/Outpatient 3 INJURY Ny, Year) FINJURY — At ho etc. (Specify)	DOA 28b. TIMI	OTHER 4 (V) Num OF JRY M Itrest, factor	26. PL 1: 28c. INJ 1 VO 1 VO	ACE OF D  5 □ Re URY AT RK? YES 2 □	EATH (Chorisidence   NO   NO	PERFOR  1 YES 2  1 YES 2  Other (Specify)  28d. DE\$CRIBE HOW ill  City or Town, State)	MED?	CUREO  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignification of the part o	Pending Investigation Could not be determined CAL EXAMINE	HOSPITAL: 1   Inpetient 2   28a. OATE OF (Month, De 28b. PLACE Of building, of the best of ER: On the basis of ex	EURO DISEA ER/Outpatient 3 INJURY Ny, Year) FINJURY — At ho etc. (Specify)	DOA 28b. TIMI	OTHER 4 (V) Num OF JRY M Itrest, factor	26. PL 1: 28c. INJ 1 VO 1 VO	ACE OF D  5  Re  RY AT  RK?  YES 2   and place  eath occur	EATH (Chorisidence   NO   NO	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,
BY PHYSICIAN: MEDICAL	PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  25. WAS CASE REFERRED TO  EXAMINER?  1	Pending Investigation Could not be determined CAL EXAMINE	HOSPITAL: 1   Inpetient 2   28a. PLACE Of building, of the best of Richard Control of the busis of experience of the busis of exp	EURO DISEA ER/Outpatient 3 INJURY Ny, Year) FINJURY — At ho etc. (Specify)	DOA 28b. TIMI	OTHER 4 (V) Num OF JRY M Itrest, factor	26. PL 1: 28c. INJ 1 VO 1 VO	ACE OF D  5  Re  RY AT  RK?  YES 2   and place  eath occur	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	CUREO  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  White Number,  and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  25. WAS CASE REFERRED TO  EXAMINER?  1	Pending Investigation Could not be dystermined IFYING PHYSI CAL EXAMINE	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building, of the basis of ex	EVRODISE/EVR	DOA 28b. TilMin, in me, farm, s	OTHER A	26. PL 1: 28c. INJ 1 VO 1 VO	ACE OF D  5  Re  RY AT  RK?  YES 2   and place  eath occur	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  25. WAS CASE REFERRED TO  EXAMINER?  1	Pending Investigation Could not be dystermined IFYING PHYSI CAL EXAMINE	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building, of the basis of ex	EVRODISE/EVR	DOA 28b. TilMin, in me, farm, s	OTHER A	26. PL	ACE OF D  5  Re  RY AT  RK?  YES 2   and place  eath occur	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  25. WAS CASE REFERRED TO  EXAMINER?  1	Pending Investigation Could not be dystermined IFYING PHYSI CAL EXAMINE	HOSPITAL: 1 Inpetient 2 28e. PLACE Of building, of the basis of ex	EVRODISE/EVR	DOA 28b. TilMin, in me, farm, s	OTHER A	26. PL	ACE OF D  5  Re  RY AT  RK?  YES 2   and place  eath occur	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significal PART II. Other significal PART II. Other significal PART II. Other significal PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO 27. MANNEB OF OEATH 1   Netural 5   2   Accident 3   Suicide 6   4   Homicide 29a. CERTIFIER (Check only onle) 2   MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Pending investigation Could not be determined OF CERTIFIES OF CERTIFIES OF CERTIFIES OF CERTIFIES	HOSPITAL:    HOSPITAL:   Inpetient 2   28a. OATE OF (Month, De lidding, or complete cause)   CIAN: To the best of R: On the basis of ex	EN/Outpatient 3 INJURY on Year)  FINJURY — At home of the comment	DOA 28b. TilMin, in me, farm, s	OTHER A	26. PL	ACE OF D  5  Re URY AT RK? YES 2  and place	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignifica  PART II. Other eignifica  PART II. Other eignifica  25. WAS CASE REFERRED TO  EXAMINER?  1	Pending Investigation Could not be digitermined  IFYING PHYSI CAL EXAMINE OF CERTIFIED  When  When	HOSPITAL:    HOSPITAL:   Inpetient 2   28a. OATE OF (Month, De lidding, or complete cause)   CIAN: To the best of R: On the basis of ex	EVRODISE/EVR	DOA 28b. TilMin, in me, farm, s	OTHER A	26. PL	ACE OF D  5  Re URY AT RK? YES 2  and place	EATH (Che isidence NO NO and due red at the t	PERFOR  1 YES 2    VES 2	NJURY OC	r or Aural A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOUTE Number,



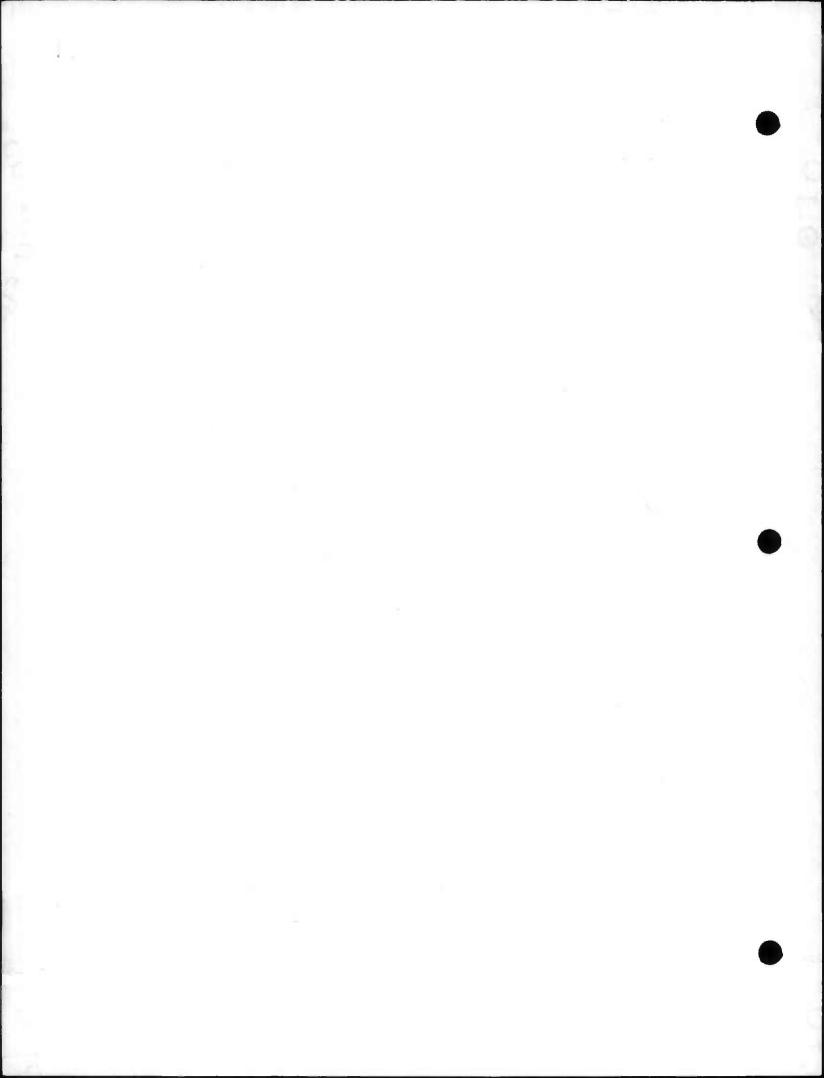
_	- 3
-	19
$\circ$	4
P.0	- 4
ш.	1
46	dank
S,	
	4
$\alpha$	*
$\overline{C}$	Ą
$\mathcal{L}$	
O	5
ш	1
RECORDS	- 5
_	The four securities that the
-4	-
⋖	- 5
TAL	F
	-
>	4
44	9
~	8
$\circ$	DINCIP
7	
5	0
0	2
-	ä
S	Treathing
IVISION	1
	200
0	C

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH 2224 ESSIE Washinglon 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 213-70-0416 1 M 2 K F Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1605 Kingsway Road 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 XNO Specify В Specify: 3 X Widowed 4 Divorced **Black** 0 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) N/A Domestic 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Eddie Redfearn BE Hettie notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Redfearn 1605 Kingsway Road Baltimore, MD 21218 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must King Memorial Park 11/29 Randallstown, MD 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PART I. Emer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. medical Approximate Interval Batween **IMMEDIATE CAUSE (Final Onset and Death** ile ile disease or condition\_\_\_ INFARCTION DUE TO (OR AS A CONSEQUENCE OF): Yz hour resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Iraumatic CERTIFICATION Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING Diabeter UNKNOWN CAUSE (Disease or injury DUE TO (OR AS A CONSEQUE that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL any INJUFFICIENCY 1 YES 2 NO OF DEATH? ruy chould 1 YES 2 NO Awemia PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 | NO ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м NIA 1 YES 2 NO В Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT SIGNATURE AND TITLE OF CER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H H a+C 194 9 30. NAME AND ADDRESS OF PE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 Loch Raven anon mo aman Monta Homer

32. REGISTRAR'S SIGNATURE

in d'avelor hardell

NOV 2 & 1994



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	10 INE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be medited at nace
---	--	--

	1 - FOR STATE OF MARYLAND	/ DEPARTM CERTIFICA	ENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Robert L. Washing				2. DATE OF OEATH MONTH D	AY YEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 2 5. SEX 6. AGE (In yrs. 2 1 2 5 8 229 4 1 2 1 F 44	Inst birthday) IF (	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)  July 16, 1	950 Sot	THPLACE (State or Foreign ntry) uth Carolina		
TOR	99. FACILITY NAME (If not institution, give street end number)  University Hospital RESIDENCE OF DECEDENT	r location of Di timore	EATH	9c. COUNTY OF	OEATH				
DIRECTOR	100. STATE 106. COUNTY  Maryland		www.on.locat	ION			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO		
FUNERAL	915 Mount Holly			21229		10g. CITIZEN OF	WHAT COUNTRY?		
BY	11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES]		If yee, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)  y:	or No — 14. RA Ble	CE — American Indian, ock, White, etc.		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	grade completed) (Give kind of work done during most of working				16b. KIND OF BUSINESS/INOUSTRY			
	11th Grade  17. FATHER'S NAME (First, Middle, Last)  Robert Washington	Ground (	rew		ME (First, Middle, Maiden	,	oles		
TO BE				nd Number or Rural	Route Number, City or Tow	n, State, Zlp Code)	2117 21217		
	20e. METHOD OF DISPOSITION  1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ABY Rolling		Baltin	ovynns r more, Ma	CLUTY Nutter alls Parkw ryland 21	Funeral ay 216	Homes, Inc		
	23. PART I. Enter the disease, or complications that ceused the shock, or heert feliure. List only one cause on each if immediate cause (Final disease or condition resulting in deeth)  DUE TO (OR AS A CON-	estinal	he	mnorho	y e		Approximeta Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) LAST	sequence of):							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to deeth but no hand failure, circhos;  pneummia, hyperter  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	ceuse given in	Part I. 24s. WAS AN PERFOR	AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
SICIA		ACE OF DEATH (C	heck only one)		8 Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIME OF INJURY	28c. INJI	JRY AT	28d. OEŞCRIBE HOW I	NJURY OCCURED			
- 4	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined	home, farm, street	, factory, office		281. LOCATION (Street City or Town, State)		I Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beet of my knowledge, one)  2 MEDICAL EXAMINER: On the basic of examination and/						(e) end menner ee steted.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  Man E Hunt 11, D.		29c. LICENSE NUMBER  AV +176+35  29d. DATE SIGNED (Month, Day, Year)  11/25/94			5 19 4			
	M. Shomali, M.D. University	of Maryl	and H	المدام ده	Baltimore, 1	11 212	6		
	31. DATE FILED MONTH, DE 1994	عاميان							

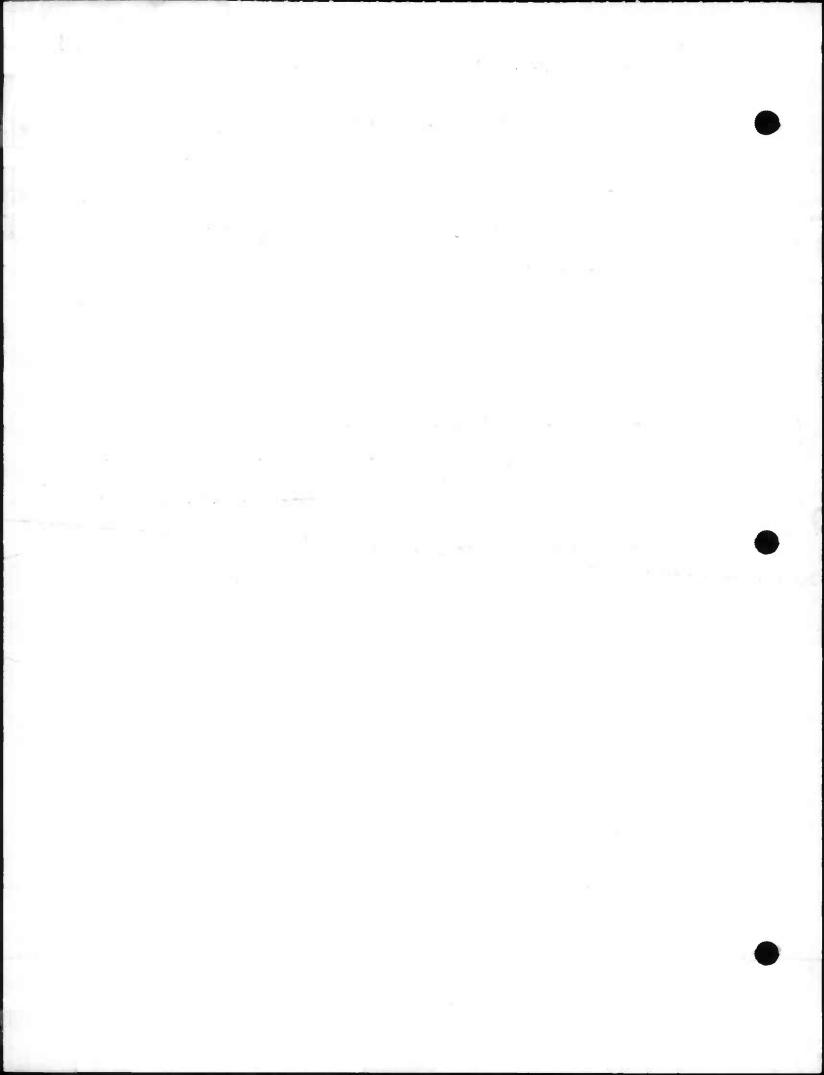
**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CE		CATE OF		REG. NO.			
200	1. DECEDENT'S NAME (First, Middle, Lest)  Clara	Elizabe				2. DATE OF DEATH DA NOVEMBER		3. TIME OF DEATH	
The County of th	4. SOCIAL SECURITY NUMBER  218-22-5663  1  M 2 \( \frac{1}{2} \) F  98. FACILITY NAME (# not institution, give street and number)	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/15/1927	7 8. g	HATHPLACE (State or Foreign Country)  Jaryland	
TOR	7826 St. Boniface Lane				b. CITY, TOWN OR LOCATION OF GEATH  Dundalk  8c. COUNTY OF DEATH  Baltimore				
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Balt	mara	10c. CIT	Y, TOWN OR LOCA				10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	поте		10	. ZIP CODE	Julidalk	10g. CITIZEN	1 VES 2 NO OF WHAT COUNTRY?	
FUNERAL	7826 St. Boniface Land	2			212	222		ed States	
B	1 Never Married 2X Married FORCES?	NT EVER IN U.S. ARN I YES 2 XN MAR OR DATES		If yes, sp		IC ORIGIN? (Specify Yas n, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5	+) (Giv	re kind of v Do NOT us	USUAL OCCUPATION work done during more retired.)		16b. KIND OF BUS	SINESS/INDUST	RY	
MP	8 Years 17. FATHER'S NAME (First, Middle, Last)	I	Ouse	wife			Hame		
	Wilson Bobblitz				September 1	ME (First, Middle, Maiden S Edwards	Surname)		
8	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	AODRESS (Street a		EUWALUS  loute Number, City or Town	n, State, Zip Code	0)	
임	Mr. Charles G. Zeberle	in,Sr.	782	St. Bo	niface L	ane Dunda	lk, MD	21222	
	20a. METHOD OF DISPOSITION    State   Comparison   Compar	cemetery, cren	natory or o	of Disposition (Na		0ATE 20c. LOC 11/25/94	Dunda		
	21. SIGNATURE OR FUNERAL SERVICE LIGENSEE	1	<u> </u>	22. NAME AI Duda	D ADORESS OF FAC RUCK FUI	neral Home	of Dur	ndalk, Inc.	
$\exists$	23. PART I. Entar tha diseasaa, or complications the	causad the des	ith. Do r	ot antar tha mo	WIOS AVE	Dundall	ratory arreat,	Approximata	
1	shock, or heart fallura. List only one call	uae on aach lina.	0	1	1	1-		Intarval Between Onset and Daeth	
	resulting in death)	OF AS A CONSECU	UENCE OF	1 41	fure	lu.			
8	Sequantially list conditions, b. April 5.	en S	cle	tr	Hent	Disea			
CATÍ	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSECU	UENCE OF	7:					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	(OR AS A CONSECU	UENCE OF	7:					
	PART II. Other algorificant conditions contributing to	death but not so	aratel a a	n the condeside					
<u>8</u>	PART II. Othan arginicant conditions contributing to	daath but not re	auiting	n tha undariyin	g causa given in i	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL						1 (1) YES 2	□ NO	OF OEATH?	
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEAT	H YE	S NO [	UNCERTAIN	<u></u>		1   123 2   100	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE	OF DEAT	H (Check only one) OTHER:					
ı ₹	1 ☐ YES 2 ☑ NO 1 ☐ Inpetient 2 ☐ 27. MANNER OF DEATH 28s. DATE OF	ER/Outpatient 3 (		4 - Nursing Hom	5 M Rasidence				
BY P	1 Natural 5 Pending 2 Accident Investigation		28b. TIMI INJ	URY WO	RK?	28d. OEŞCRIBE HOW IN	JURY OCCURE	•	
ᇜᅵ	3 Suicida 8 Could not be datermined	OF INJURY At hom atc. (Specify)	ne, łarm, s	treat, factory, offic		28f. LOCATION (Street at City or Town, State)	nd Number or Ru	rel Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of a							use(a) and manner as stated.	
O BE (	296. SIGNATURE AND TITLE OF CERTIFIER LL h	1.0			DO 24	72	29d. DATE SIG	NED (Month, Day, Year) 22 9 4	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	402 G	OLDEN	RINCT	D. BA	irthr.	
	31. DATE FILED (Morth, Day, Volt) 94 32 REGISTRI	R'S SIGNATURE	سد						



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

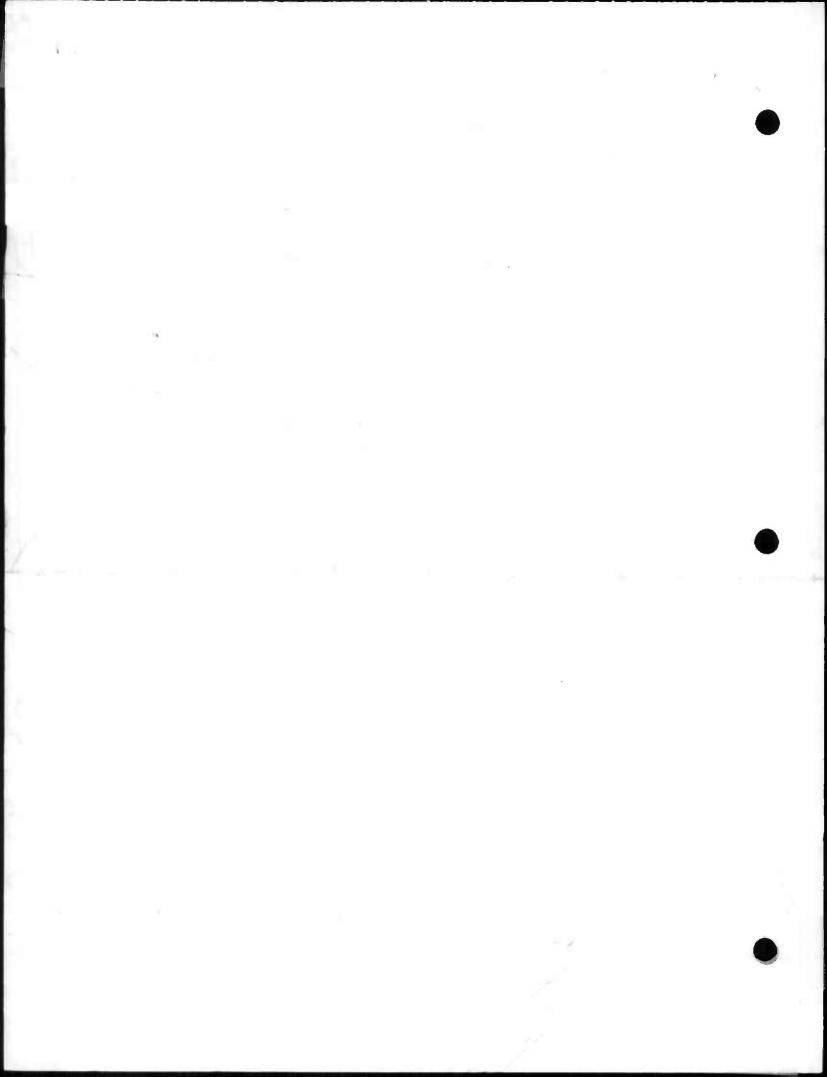
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIE	NE
			EDTICIOATE	-	E DEAT	F4.4			_

	REGISTRAR	CERTIFIC/	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	n	1	2. DATE OF DEATH	YEAR	3. TIME OF DEATH			
	Jerone TAVON  4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In v.	Hr	rierson		25,1996				
	216-68-5588 1♀×2□ ₹ 37	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. FTHS DAYS HOURS MIN.	SEPT.23,1	957 MAR	YLAND			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  1/a								
E E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TO	OWN OR LOCATION	_		10d. INSIDE CITY			
	MARYLAND n/a		BALTIMORE			1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2902 WINCHESTER STR	101. ZIP CODE 21216			WHAT COUNTRY?				
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE	S. ARMED 2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cubsn, Maxic 1 YES 2 NO Specify NO Specify NO Specify NO Specific No. 1	an, Puerto Rican, etc.)	Blo	CE — American Indian, ck, Whita, atc. BLACK			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work	IAL OCCUPATION done during most of working	16b. KIND OF BUS					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  12 TH -	LABORER	ired.)	UPHOLS	TERY CC				
Ö	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Malden					
BE	MELVIN H. GREEN				ANDERSON				
2	190. INFORMANT'S NAME (Type/Print)  CURTIS GREEN	196. MAILING ADD	NESS (Street and Number or Rural			21 21 5			
		ACEAND DATE OF DI		E, BALTIMO	CATION - City or 1	21215			
ł			alacal	ETERY 12-1					
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		ONTHUS I	IILLO, NO			
	· Unesa Cox		WM. C. MARCH	FH.01101	E. NORT	H AVENUE			
	23. PART I. Enter the diseases, or complications that caused in shock, or heart fellure. List only one cause on each	ne death. Do not e	enter the mode of dying, suc	ch as cardiec or respi	ratory arrest,	Approximata			
!	IMMEDIATE CALICE (Final		bory ast	est		Onset end Daati			
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Cardio respondence of):  Encephalopathy  Due to (or as a consequence of):  ADS  Due to (or as a consequence of):  Due to (or as a consequence of):  ADS  Due to (or as a consequence of):  Due to (or as a consequence of):  ADS  Due to (or as a consequence of):								
DICAL	PART II. Other significent conditions contributing to deeth but	not resulting in th	ne underlying cause given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME	DID TODAGGO HOT GOVERNOON TO GOVERN					1 YES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF I 25. WAS CASE REFERRED TO MEDICAL 26.	PLACE OF DEATH (C		иПТ					
	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatie	ОТ	HER:		11-00100	9 .			
Ě	27. MANNER OF DEATH 284. DATE OF INJURY	26b. TIME OF		28d. DESCRIBE HOW II	HOTD (C				
BY P	1 Returni 5 Pending (Month, Day, Year)	INJURY	M 1 YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the basis of examination and					s) and manner as stated.			
H H	296. BLOWN THE AND TITLE OF CERTIFIER	NO	29c. LICENSE NU			D (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  DUTIES FITTE SECTION	(ITEM 27) (Type, Print)	Johns Ho	pkens ;	HOSP 7	Half and			
	31. DATE FILED (Month, Day, War) A2. REGISTRAR'S SIGNATU Full Sanitan Re								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



Item1	10£,	tem1 Film717/11/29 FOR 1 - STATE REGISTRAR	9/94,1t STATE 0	F MARYLAND	/ DEPAR	RTMENT	OF H	IEALTH DEAT	AND N	MENTAL H	YGIENI REG. NO.	E		
N 2		1. DECEDENT'S NAME (First, Midd	(e, Lest) Geo	rge Herman	Avery					2. DATE OF DEATH MONTH DAY		w	YEAR	3. TIME OF DEATH
		GEORGE AVERY								NOV. 22		2 9	4	5:34P M
P	TO BE (	4. SOCIAL SECURITY NUMBER 212-32-7513	5. SEX	6. AGE (In yrs. 5 9		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De		35	B. BIRTH Countr	PLACE (State or Foreign N . C .
2, 3 should		99. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  BALTIMORE CITY  RESIDENCE OF DECEMENT												
it. Pages 1,			ATE 10b. COUNTY			BALTO								10d. INSIDE CITY LIMITS? XIX YES 2 NO
in. ransit permit.		100. STREET AND NUMBER H:				10f. ZIP CODE 2120			1207	7 U.			EN OF W	PHAT COUNTRY?
or attending physician.		11. MARITAL STATUS 1 Never Merried XXMerri 3 Widowed 4 Divorced		DENT EVER IN U.S. 1 YES 2 VE WAR OR DATES		1	yes, sp	ENDENT O ecity Cubsi 2 XNO	n, Mexican	C ORIGIN? (S , Puerto Rica	specify Yes n, atc.)	s or No— 14. RACE — American Indian, Black, White, stc.  Specify: BLACK		, Whits, stc.
ospital or attend hed for use as			T'S EDUCATION psl grade completed)  College (1-4 a		OECEDENT'S (Give kind of life. Do NOT u	work done o se retired.)	luring mo	st of working	g	16b. Kiř	OF BUS	INESS/INDU	STRY	
ed by the hospital uld be detached fo		17. FATHER'S NAME (First, Middle, BERT AVER)							ER'S NAM	E (First, Midd	le, Maiden : IGGE			
s 5 sho			The state of the s											
		20b. METHOD OF DISPOSITION  XI Wourial 2 Cremetion 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION /Name of  Confidency of Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22b. PLACE AND DATE OF DISPOSITION /Name of  Confidency of Confidency of Other (Specify)  22c. LOCATION — City or Town, State  22b. PLACE AND DATE OF DISPOSITION /Name of  Confidency of Co												
death e fune		grome A Thompson JR MARCH F/H-WEST 4300 WABASH AVE												
filled in on, or re		23. PART I. Enter the disease the Sk, pr heart ( IMMEDIATE CAUSE (Final disease pr condition resulting in death)	e. AHA	21050 QT	ohz	Car								Approximete Interval Between Onset and Death
be executed clan and corr or to burial, aumatic ex	ATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):												
n certi anding Hygie or off	DICAL CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C.  DUE TO (OR AS A CONSEQUENCE OF):												
that the ned by the th and M any inju		PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in					lven in f		PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
he law requires has been sign Dept. of Heal	AN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								1 YES 2 NO				
IN: The licate h	S CI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  Yes 2 NO  1 Inpatient												
PHYSICIA	E)	27. MANNER OF DEATH  1 Natural 5 Pendii 2 Accident Invest	28e. DATI	E OF INJURY th, Day, Year)	26b. TIN		28c. INJ WO			26d. DESCRI		JURY OCCL	IRED	
L OR ATTENDING PHYSICIAN: DIRECTOR hours and the St item 2	ETED	3 Suicide 6 Could not be determined  26e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
R A S F	COMPLE	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basic of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
표 분 를 중	BE	29b. SIGNATURE AND TITLE OF C	SIGNATURE AND TITLE OF CERTNETER			29c. LICENSE NUM O . C . M			I E					
E 6 9 W	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)  ROV. 23/94  NOV. 23/94  NOV. 23/94												
		31. DATE FILED (Month, Day, Year) NOV 2 9 1994		TRAR'S SIGNATURE			***							
		MOA X 2 172-	Julias Da	ween thing	All last line									

e de la compania del compania del compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania della c

MAR	
BALTIMORE,	
-	
9	
7	
68	
×	
$\mathbf{\omega}$	
0	
σ.	
ш,	
10	
S	
400	
2	
CORD	
ш	
RE	
RE	
RE	
AL RE	
RE	
AL RE	
VITAL RE	
F VITAL RE	
OF VITAL RE	
OF VITAL RE	
OF VITAL RE	
OF VITAL RE	
SION OF VITAL RE	
SION OF VITAL RE	
OF VITAL RE	

**CLAND 21215-0020** 

page 5 should be detached for use as the burial-transit by the hospital or attending physician. Page 6 may be retained the funeral director, ours after death. filled in by 0 and completely fi bunial, cremation prior to signed by the attending physician Health and Mental Hygiene prior to requires that the death certificate this certificate has been so with the State Dept, of H DR ATTENDING PHYSICIAN: DIRECTOR: After the hours after death v

notified at once.

be

must

examiner

medical

the

traumatic event,

other t

0 Injury,

any

shows

23

Item

0

marked.

S

28

Item

2

TO THE HOSPITAL D
TO THE FUNERAL D
DE RIED WITHIN 72 ho
MMPORTANT: If It

permit, Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Gertrude Margaret Anderton Nov. 22 10:30 p. 1994 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Sept. 27, IF UNDER 1 YEAR IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign 1 M 2 X F MONTHS DAYS HOURS MIN. VRS 218-36-9128 96 1898 Maryland 9a. FACILITY NAME (If not institution, give street and number) 95. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Multi Medical Nursing Home DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3113 Lawnview Avenue 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married It yes, specify Cuba 1 ☐ YES 2 ※ NO Specify Specify: BY 3XX Widowed 4 Divorced White Ш 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working (Give kind of work done life. Do NOT use retired.) COMPLET Elamentary/Secondary (0-12) College (1-4 or 5+) 12th Secretary Dean of Law School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Joseph B. Dess Susan Schwarzkopf BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Barbara D. Smith (Niece) 3018 Hiss AVenue, Baltimore, Md. 20a. METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Baltimore Nat 1 Cemetery 4 Donation 5 Other (Specify) 11/28 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallurs. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 13 resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated avents resulting in dasth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part li PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 THO OF DEATH? 1 YES 2 -NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatiant 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Homa 5 Residence 8 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicida 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

29b. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) +3 de 327 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

The Old Professional

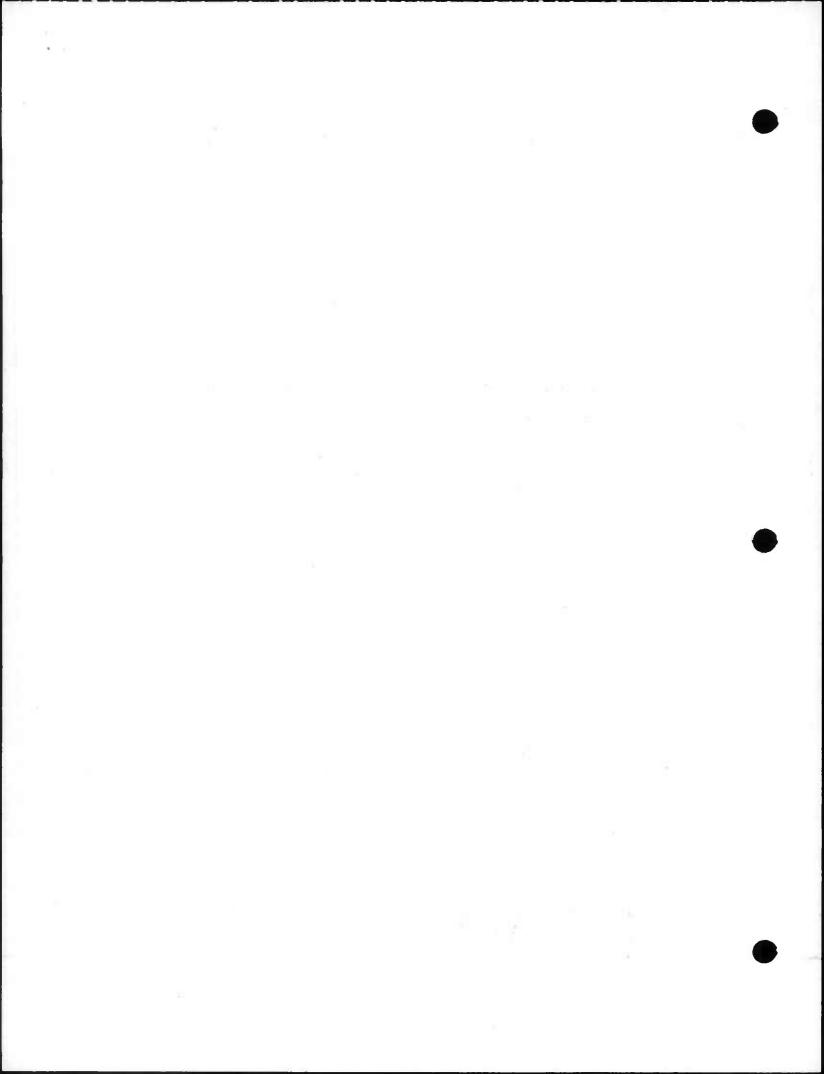
Dr. Joseph Adams, 7401 Oslar Drive, Suite 206, Baltimore, Md. 21204

32 REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Rhudel V. Burgee Sr.			2. DATE OF DEATH	DATE OF DEATH					
		yrs. last birthday) IF U	NDER 1 YEAR   IF UNDER 24 HRS.							
	214-16-1144   IXM 2   F 7	MONE		7. DATE OF BIRTH (Month, Day, Year) Jul. 9, 19	1923 Maryland					
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE	ATN 9c.	9c. COUNTY OF DEATH					
DIRECTOR	Veterans Medical Center Baltimore									
E .	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
	MD Anne Arundel Annapolis									
FUNERAL	3 Oak Court 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? USA									
FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN 1 Namer Marriad 2 Wharriad FORCES? 1 XYES		13. WAS DECENDENT OF NISPAR It yes, specify Cuben, Maxica		lo— 14. RACE — American Indian, Black, White, atc.					
BY I	1 Never Married 2 XMerried 3 Wildowed 4 Divorced  PORCES 1 XYES IF YES, GIVE WAR OR DAT  WWII		1 YES 2 NO Specifi		Specify: White					
60		18e. DECEDENT'S USUA	AL OCCUPATION lone during most of working	16b. KIND OF BUSINES						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT use retir	ed.)	Retail	etail Food					
OME	17. FATHER'S NAME (First, Middle, Last)	OWIICI / OF		ME (First, Middle, Maiden Surne						
BE C	Clayton Herbert Burgee		Pearl							
5 B	19e. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural i		ite, Zip Code)					
	Gloria Hann Burgee		Court, Annap		21401					
	800.1	PLACE AND DATE OF DIS tary, crematory or other, pl	Cemetery	11/30 Fred	ON — City or Town, Stata derick, MD					
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	7	22. NAME AND ADDRESS OF FA	CILITY						
	Thomas N Hardes		Hardesty Fun 12 Ridgely		, P.A. olis, MD 21401					
	23. PART I. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on ear	the death. Do not el	nter the mode of dying, suc	h as cerdlec or respiretor	ry srrest, Approximate interval Between					
	iMMEDIATE CAUSE (Final disease or condition	whit.	di lan com		Onset and Death					
	disease or condition resulting in death)  s. Probable sutastatic liver cancer  DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions b.									
ATIC	If eny, leeding to immediate cause. Enter UNDERLYING									
IE	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
4	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PREFORMED?  AMAILABLE PRIOR TO									
MEDIC				1 _ YES 2 _ N	COMPLETION OF CAUSE					
M.	DID TORACCO LISE CONTRIBUTE TO CALISE OF	DEATH VES T	T NO IT LINICEDTAIN		1 TES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
YSIC	1 VES 2 NO 1 Inpetient 2 ER/Outpet		HER: Nursing Nome 5 - Residence	6 Other (Specify)						
	27. MANNER OF DEATH  1. Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	Y OCCURED					
ЭВУ	2 Accident Invastigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY	- At home, term, atreet,		umber or Rural Route Number,						
ETED	b Could not be building, etc. (Specify)  City or Town, State)									
APLE	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred et the time, data and place, and due to the ceuse(s) end manner ee stated.									
COMPL	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurad at the time, date and place, and due to the ceuse(s) and manner es stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mo									
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEAT									
university of Maryland, 10 N. Green Street Baltimore, UD										
	NOXE2/9.1994 July 1	进								
الــــــا										



_	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEOENT'S NAME (First, Middle, Last)  ROBERT	LEE		BRASH	EARS			3. TIME OF DEATH 94 1:27 P. M		
pino	4. SOCIAL SECURITY NUMBER  216 50 0255  9a. FACILITY NAME (# not institution, give s	1-DM 2 □ F 45	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 13, 1	949	BIRTHPLACE (State or Foreign Country) Md •		
. 2. 3 should	N .			CHEVER	LY	ATH	1	V OF DEATH		
permit. Pages 1, 2, 3.  AL DIRECTOR	TALL HALL		10c. CITY, 1	own on Locat	ION			10d. INSIDE CITY LIMITS? 1 TYES 2XX NO		
urial-transit perm	100. STREET AND NUMBER  3862 Twin Oak Dr.  11. MARITAL STATUS				21037		USA	N OF WHAT COUNTRY?		
B P	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WITH OR DATE	J.S. ARMED 2 NO ES	If yee, spe	ENDENT OF NISPAN ecity Cuben, Mexice 25 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	ee or No— 14. RACE — American Indien, Black, White, etc.  Specify: WHITE			
d for use as the	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use r	done during mos stired.)	st of working	16b. KIND OF BU				
be detached for at once.	12 17. FATNER'S NAME (First, Middle, Last)	34.DG G	<u>Maintena</u>	nce En	18. MOTHER'S NAI	ME (First, Middle, Maiden		ntenance		
5 should notified TO BE	ROBERT LEE BRASHI		1			Route Number, City or Tow		LEATHERBURY		
g 2	Terry Haves Brash  20s. METHOD OF DISPOSITION  150 Burlsl 2 Cremation 3 Semi	oval from State 20b. P	LACE AND DATE OF I	DISPOSITION (No.	me of		CATION — Cit	y or Town, State		
- 43	21. SIGNATURE OF EMPERAL SERVICE LIC	EMSEE LINE	CONTRACT OF	22. NAME AND ADDRESS OF FACILITY  12 Ridgley Ave; Annapolis, Md. 21401 Hardesty Funeral Home PA						
pletely fille cremation, rent, the	IMMEDIATE CAUSE (Final	e. Mut of OUE TO (OR AS A C	h lina.			n ae cardiac or reap	Iratory erres	t, Approximata Intervel Between Onset end Dauth		
tending physician and confliction of the prior to bunation of other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.									
by the ind Me	PART II. Other significant condition	a contributing to death but	not resulting in	ha underlying	cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ificate has been signed State Dept. of Health a ritem 23 shows any SICIAN: MEDIC	DID TOBACCO USE CONTI		PLACE OF OEATN	Check only one)	P UNCERTAIN	N 🗆		1 YES 2 □ NO		
with the rided, o	1 _XES 2 _ NO 27. MANNER OF OEATN 1 _ Netural 5 _ Pending	1   Inpetient 2 of ER/Outpeti	ent 3 DOA 4				Other (Specify)  186. OESCRIBE NOW INJURY OCCUREO  OURS - ALM COURT O			
4 5 m	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify,	Al home, farm, stre	et, factory, office		28f. LOCATION (Street City or Town, State)				
<b>蛋支</b> 5 円		29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ee stated.								
TO THE FUNERAL D De filed within 72 ho IMPORTANT: If it TO BE COMPI	29b. SIGNATURE AND TITLE OF CERTIFIED	4/Ch			O.C.M.			V 23, 1994		
	31. DATE FILED (MONTH - DAY 109)	30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  OM A Para Files (Month Day 1994)  31. DATE FILES (Month Day 1994)  11. PREGISTRARY CHAPTURE								

a	È	Ē	=
KLTS	.5	r re	ed
9	led	0,	=
	y fi	tion	€
當	ete	EE	Ħ,
×	du	Cre	0
ted	Š	ial,	80
20	B	ğ	Ħ
8	B	9	Ē
2	Ca	jor	ē
Sate	8	g e	-
ŢĮ.	0	ene	š
93	iệ	2	0 7
#E	ten	a	0
de	9	lent	-
the	=	2	Ē
Jat	3	an	2
S	Je C	를	9
uire	Sign	Hea	\$
red	E G	of	욡
*	Ď	pt.	63
9	Ę	å	2
F	ate	tate	le le
AN	iffe	S	-
2	Leg J	₽	0
¥	S.	ij	be
2	=	ì	F
Š	1the	eal	E
문	œ	97	- 60
Ë	R	aft	28
A.	R	SIN	E
0		2	=
M	M	2	=
S	NEF	를	N.
오	2	M	₫
뽀	뽀	pa	8
I	TO	6 1	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
F	F	۵	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours an	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours at TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control of the THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 DAY8 HOURS 212-62-0460 1 M 2 F 42 YRS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION DIRECTOR Anne Arundel Medical Center Annapolis RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Anne Arundel Annapolis FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE the funeral director, page 5 should be detached for use as the burial-transit 1722 Roydon Trail 21401 fter death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yee, specify Cuban. 1 YES 2 NO ВУ 3 Widowed 4 Divorced COMPLETED 18e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) 12 Cashier once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER at ERland Bubier BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of 2 Thomas C. Bubier 110 River Plant pe 20e. METHOD OF DISPOSITION
1 □ Burlal 2 💢 Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) Metro Crematory 21. SIGNATURE OF BUNGIAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS Hardesty ar 12 Ridge the medical filled in by t 23. PART I. Enter the disesses, or complications that caused the death. Do not anter the mode of dying shock, or haart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, ubARachnoid Hem disease or condition resulting in desth) shows any injury, or other traumatic event, perbension SHE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions. 9 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause give MEDICAL and of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCER PHYSICIAN: has be Dept. item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) State 1 EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA the 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28 is marked, this ( 1 Natural 5 Pendi 1 YES 2 N BY After death 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, streel, factory, office 3 Sulcida 8 Could not be datermined COMPLETED DIRECTOR. 4 Homicide

29a. CERTIFIER

(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, ex

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER

w

eppy

BE

2

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred

29c. LICENS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY NUMBER

Christine Turnage Bubier

94 34879

REG. NO

	MONT	7.26,1	4001	YEAR	15:20 h				
						A			
HRS.	Jun	of BIRTH th, Day, Year) 1. 19,1	952	Was	HPLACE (State or Foreign shington, D	)(			
OF DE	ATN			INTY OF D	DEATH	_			
			Anı	ne A	rundel	_			
					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
			10g. CIT	IZEN OF Y	WHAT COUNTRY?	-			
			1	USA					
NISPAN Maxical Specify	n, Puerto	N7 (Specify Yea Rican, etc.)		14. RACE Black	E American Indian, k, White, alc.				
16b. KIND OF BUSINESS/INDUSTRY									
REtail Grocery									
R'S NAI		Middle, Maiden		_000	ту				
		ee Tr							
		nber, City or Town		p Code)		_			
tat	ion	DR.	Coni	roe,	TX 77302	)			
	DAT		CATION —	City or To	own, State				
OF FAC	HILITY					-			
Fu	ner	al Ho	me,	P.A					
Ly	Ave	. Ann	apo]	lis,	MD 21401	_			
		diac or respin		reat,	Approximata Intarvai Between				
0	RR	hag	6		Onset and Death				
		0			C-seups				
					0 3				
						_			
en in l	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS	-			
		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
					1 YES 2 NO				
RTAIN		1			=	-			
						_			
lenca (		er (Specify)				_			
	28d. DE	SCRIBE NOW IN	YJURY OC	CURED					
10	104		1 the makes	2 -11					
	281. LCA C/ly	CATION (Street a or Town, State)	nd Number	or Aurai n	loute Number,				
nd due	to the ca	ruse(a) and man	ner se stal	ted.					
		and place, and			) end manner se stated.				
7		46	29d. DAT	0 (40	(Month, Day, Year)				
No	po	lis, ne	ele e	214	401				

020	g physician.
<b>BALTIMORE, MARYLAND 21215-0020</b>	6 may be retained by the hospital or attending
T.	ō
ND 2	hospital
Y	the
>	3
MAR	retained
	pe
RE	тау
0	9
Σ	Page
ALT	death.
m	after
	SULS

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE notified

0

7

99

must

examiner

medical

the

event,

traumatic

other

6

shows any

23

Rem

0

.12

92

TO THE ELLING THE HELD WITHIN 7

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

Pages 1, 2, 3

permit.

**burial-transit** 

use as the

ould be detached for

MISION OF VITAL RECORDS, P.O. BOX 68760

Tal.	유	
9	S	
pe	90	
2	pa Da	
Ë	200	
9	5	
9	ě	
Pa	9	
-	100	
듬	8	
36	2	
-	Pe	
atte	y	
60	2	
2	.5	
ĕ	8	
	=	
	2	3
-	ĕ	
3	0	
2	10	
5	b	
ě	an	
9	9	,
ă	Ci.	
ite	冕	
23	4	
ē	0	
9	등	
5	e	
9	att	
D	e	4
E	=	
#	3	
=	D	
50	ğ	
il.	Sic	
00	E	,
=	ě	ı
10	S	
60	ha	1
F	æ	
ž	2	ċ
A	ē	
꾦	8	
\$	推	1
ď.	5	
TENDING PROJICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retain	The America cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	3
8	퓩	j
書	de	
E.	£	į

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH HELMA NOV. AMM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yea 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 214-40-5555 91 1 M 2 XF 3, Feb. 1903 Maryland 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Charlestown Care Center Catonsville Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Baltimore t YES 2 NO Catonsville too. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 Maiden Choice Lane 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced t YES 2 NO Specify: White 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) ts. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Baltimore City 5+ School Teacher Public Schools 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnar John Henry Wollenberg Minnie Haunert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) L. John Barnes (Nephew) 2111 W. Joppa Road Lutherville Maryland 21093 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 ★ Burial 2 □ Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) Woodlawn Cemetery 11-30-94 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes Lusceeson 1630 Edmondson Avenue Catonsville Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete ahock, or heert fellure. List only one call on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) epsis DUE TO (OR AS A CONSEQUENCE OF) ementig Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24e. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH?

25. WAS CASE REFERRED TO MEDICAL

1 Dontlent 2 ER/Outpetient 3 DOA

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

26. PLACE OF DEATH (Check only one) me 5 Residence 6 Other (Specify) 1 TES 2 THO

5 Pending Investigation 2 Accident 3 Suicide 6 Could not be 4 Homicide

1 TES 2 NO

27. MANNER OF DEATH

1 Natural

28e. DATE OF INJURY (Month, Day, Year) м 28e. PLACE OF tNJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

Chole

29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

OTHER

40

28b. TIME OF

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

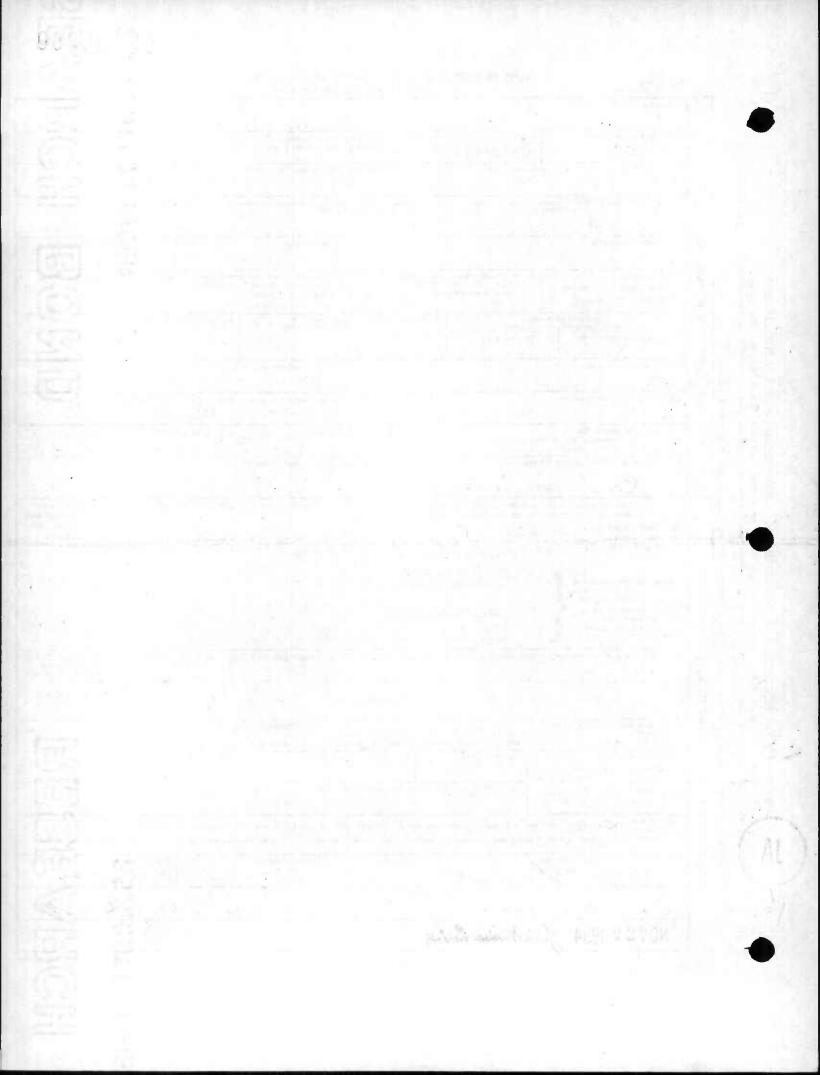
HOSPITAL:

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

lehaum mm

32 REGISTRAR'S SIGNATURE 1994



BALTIMORE, MARYLAND 212 ours after death. Page 6 may be retained by the hospital or TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frouts after death. Page 6 may be retained by the hospital or TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

**YEONG** 

0H.

\*g 1994

2

M.D

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

Item 1, g-717, 11-2	9-94, per F.	H., dr								-7	040	
1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND C	DEPAR	TMEN	T OF H	EALTH AND DEATH	MENT	AL HYGIENI REG. NO.	E			
MONTH DAY YEAR										3. TIME OF D	EATH	
-ROBER1			EMBER 2	21. 1	1994	02:30	) P M					
4. SOCIAL SECURITY NUMBER 219-30-7198	5. SEX 6	i. AGE (In yrs. la	yrs.	IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH (1th, Day, Year)	PLACE (State of	or Foreign		
9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN O	R LOCATION OF E		1 10 100		INTY OF D		
NORTH ARUNDEL HOS	SPITAL ASS	OCIATI	ON		GLEN	BURNIE			Α.	.A. C	OUNTY	
10e. STATE 10b. COUNTY	Y				OR LOCAT	-					10d. INSIDE (	YTIC
MARYLAND ANN	IE ARUND	EL	G	LEN	BU	RNIE					1 YES 2	X NO
10e. STREET AND NUMBER		-			101.	ZIP CODE					HAT COUNTR	Y?
14 CROMWELL AV	/ENUE					21061				U.S.	Α.	
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IN IF YES, GIVE WAS 1958 - 1	YES 2 TOP DATES		13.	If yes, spe	ecity Cuben, Mexic 2 NO Spec	en, Puert		or No-	14. PIACE Black Specifi	- American , white, etc.	
15. DECEOENT'S EDUI (Specify only highest grade		16a. D	ECEDENT'S Give kind of	USUAL O	OCCUPATIO	N st of working	10	66. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	III	CCOL	se retired.)	)			SPICE	COM	PAN	ζ	
17. FATHER'S NAME (First, Middle, Last)								t, Middle, Maiden S				
HARRY	В.	AKER				SAR	AH	D A	VAU	LT		
19e. INFORMANT'S NAME (Type/Print)		11	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  14 CROMWELL AVENUE, GLEN BURNIE, MD. 21061									
SHIRLEY M.	BAKER		14 (	ROI	AWEL	L AVEN	UE,	GLEN	BUR	NIE,	MD.	21061
20a_METHOD OF DISPOSITION 1	oval from State		PLACE AND DATE OF DISPOSITION (Name of APP). CONTROL OF DISPOSITION (Name of CROWN SVILLE, MD.						D.			
21. SIGNATURE OF FUNERAL SERVICE LIC	7			l G	SEC	OND AV BURNIE	ENU , M	E, S.W ARYLAN	ND21	.061	IERAL	HOME
23. PART I. Enter the diseases, or canock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that c List only one cause a. Mys C Due to (o	on aach iin	a.	۰	^	hin	ch as ca	ordiac or reapir	retory sr	reat,		imats i Between and Death
Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. My oue to (or She Due to (or de Congress)	RASA CONSE	OUENCE O	mi Ler	lan A	frij	lin					
PART II. Other eignificant condition	a contributing to da	aath but not	reaulting	in the u	ndarlying	causa givan ir	Part i.	24a. WAS AN / PERFORI	MED?	24b.	WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH?	OF CAUSE
DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEA	ATH YE	S $\square$	№ П	UNCERTA	IN $\square$				I L IES 2	_ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLA	CE OF DEA	TH (Check	only one)							
1								- 12.4-				
200 CENTIFIED	014N 7: :: :											
(Check only	CIAN: To the best of my										end menner	is stated.
29b. SIONATURE AND TITLE OF CERTIFIER	7 14			MY		29c. LICENSE NU		1/	29d. OAT	E SIGNED	(Month, Day, Ye	ear)

N #6A/GLEN BURNIE, MD 21061

./1412 CRAIN | 32. RIGHT TRAFFO SIGNATURE

HIGHWAY,

Pages 1, 2, 3 should

permit.

or attending physician, r use as the burial-transit

DIRECTOR

FUNERAL

ВУ

COMPLETED

BE notified

2

Ħ

Pe

must

medical examiner

the

event.

traumatic

or other

injury,

shows any

23

Item

6

marked,

28 is

DIRECTOR: after

뿚

TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

CERTIFICATION

PHYSICIAN: MEDICAL

B

COMPLETED

BE

0

1 - FOR STATE REGISTRAR

10a. STATE

VILLA

MARYL AND

11. MARITAL STATUS

4

DR ATTENDING

atte	Se	
0	0 0	
rithin 24 hours after death. Page 6 may be retained by the hospital or	2	
hos	ach	
the	det	
3	8	
ped	Pinc	
etair	SP	
96	e 5	
ay.	pag	
E 9	100	
96	irec	
S.	al d	
att	Jue	
r de	he fe	70
afte	N A	MOV
ULS ULS	=	9
5	lled	,0
2	ly fi	ation
IT.	lete	em
Þ	duc	1,0
cute	0	UNI
exe	an	0
pe	ciar	10
cate	PyS.	d
ug.	D D	ien
90	gi	ž
eat	atte	Tal
90	the	Æ
at t	3	and
#	Dec	€
alle m	Sign	Hea
red	Ben	ō
aw.	d SI	ept.
2	e he	C o
N:	heat	Stat
CIA	erti	the
JING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	NICH.
G P	ar th	E V
N	Affe	dea

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH NOVEMBER 22,94 ELLA NORA COOPER 5. SEY A SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-40-7426 DAYS HOURS JUN. 23, 1910 1 M 2 X F 84 YRS. VIRGÍNIA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY n/a MICHAELS N.H. ST. RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10c. CITY, TOWH OR LOCATION BALTIMORE n/a 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 UNITED STATES 2844 NOR TH AVENUE W. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 (☐ NO IF YES, GIVE WAR OR DATES) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married
3 Widowed 4 Divorced If yea, specify Cuban, Mexican, Puarto Rican, etc.) 1 TYES 2 TYNO Specify Specify: BLACK 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) DOMESTIC (someone else house ) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY RUTH MUULTON LUELLA 19a. INFORMANT'S NAME (Type/Print) of and Number or Rural Route Number City or Town State, Zip Code OOK AVENUE, BALTIMORE, MD 21216 WALBROOK JULIA TABB 2201 20s. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Slata DATE FAMILY CEMETERY 11 - 26ESSEX CO. VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. NORTH AVE WM. C. MARCH FH.-1101 emana 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. Use only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Septemia one week DUE TO (OR AS A CONSEQUENCE OF): Vicers Decubildes 6 months Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING

CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO CDMPLETION OF CAUSE OF DEATH? STROKE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 PAO Inpetient 2 - ER/Outpetient 3 - DOA Nursing Home 5 Realdence 8 Other (Specify) 27. MANNEB-OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner ae stated.

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

BALTIMORE

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ilh D38675

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MESHULAM 5 HANGVER JOEL 1147

31 DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE alli Davidson Randall 9 1994

DHMH-16 Rev 1/89

194

MD

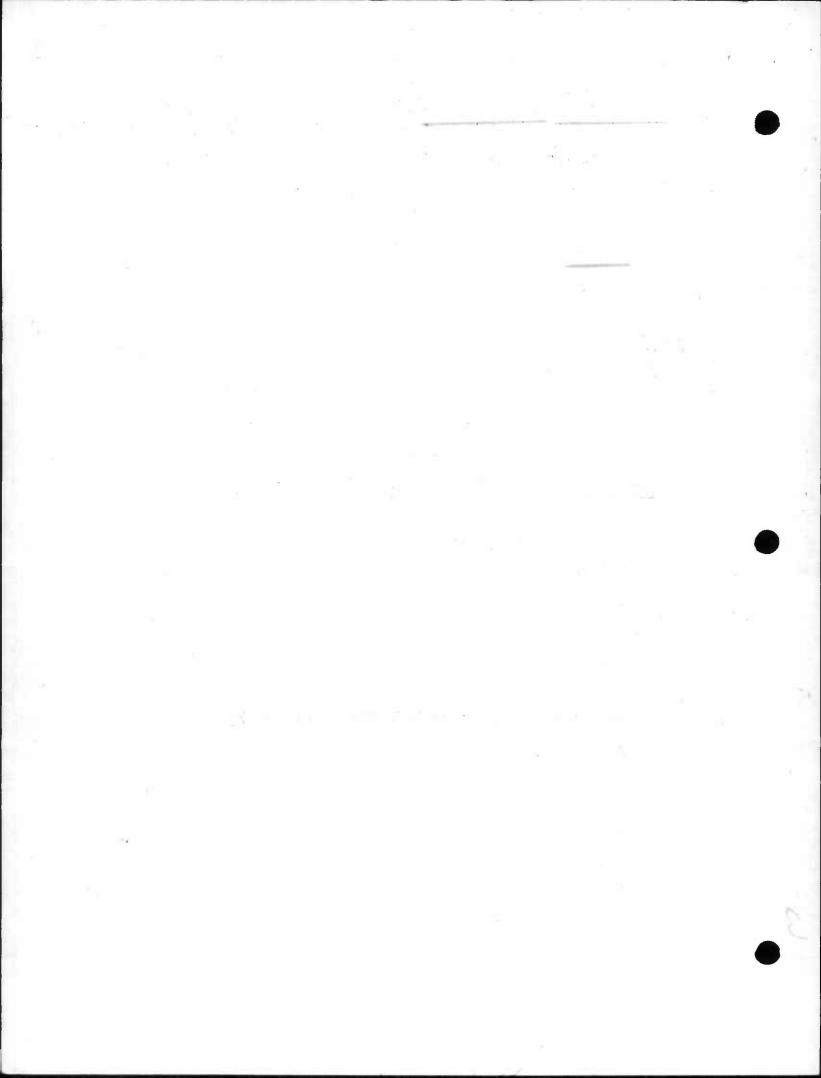
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—hours after death. Page 6 may be retained by the hospital or attending physician.  UNREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Memail Hygiene prior to burial, cremation, or removal.
--

31. DATE FILED (Month, Day, Year)
NOV 2.9 1994

	ITEMS: 1. & 10e, PER F.H. FILM G-	717 11/29	/94 t.t			9	4 34883
	1 - FOR STATE OF MARYLAN	ND / DEPAR	TMENT OF	HEALTH AND			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	. NO.	3. TIME OF DEATH
			DOLORES		77	21 9	4:10A
	4. SOCIAL SECURITY NUMBER  210.70.4792  1 M 2 X F  6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRT	726	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street end number)	<u> </u>	9b. CITY, TOWN	OR LOCATION OF	DEATH		Maryland
OR	Sinai Hospital		Balti				-
يز	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	100 CIT	Y, TOWN OR LOC	ATION			
DIRECTOR	Maryland	1	ltimore				10d. INSIDE CITY LIMITS? 1XX YES 2 \( \square\) NO
	100. STREET AND NUMBER			of. ZIP COOE		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	4013 Pickney Road			21215		U.S.	. A.
Į,	11. MARITAL STATUS  1 Never Merried  1 Never Merried  1 Never Merried  1 Never Merried  1 Never Merried	S, ARMED	If yee,	specify_Cuben, Mex	PANIC ORIGIN? (Speci Icen, Puerto Ricen, et	fy Yee or No—	14. RACE — American Indian, Black, While, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE	is .	1 🗆 YI	S 2 NO Spe	eify:		Specify: White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ba. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND O	F BUSINESS/INDU	
Ē	Elementery/Secondary (0-12) College (1-4 or 5+)		work done during r se retired.)	nost or working			
COMPLET	10th 17. FATHER'S NAME (First, Middle, Last)	Unknov	√n				rity Admin.
E CC	James Thomas Curran			Mary South	NAME (First, Middle, M 1 Isabelle		
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stree		al Route Number, City		
2	Margaret N. Smith (Sister)				Baltimore		21224
1	20a_METHOD OF DISPOSITION 20b.PI	LACE AND DATE	OF DISPOSITION /	Name of	DATE 20	c. LOCATION — C	City or Town, State
	4 □ Donetion 5 □ Other (Specify) Net	d Cathe	dral Ce	metery		Baltimo	ore, Maryland
	F. OP		Schi	munek Fu	neral Hom		
	cugere . Carl	~ //	3331	Brehms	Lane, Bal	ltimore,	Md. 21213
	23. PART I. Enter the diseases, or complications that caused to ahock, or heart failure. List only one cause on each	ha daath. 00 i h line,	iot anter the π	noda of dying, s	uch as cerdisc or	reapiratory srre	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	100/1	0				Onset and Dasth
	resulting in death)  a. DUE TO (OR AS A C	ONSEQUENCE O	F):				14943
Z	Sequentially list conditions,						,
Ă	if any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE O	F):				
ERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A Co	ONSEQUENCE O	F):				
E	resulting in death) LAST						
Ö	PART II. Other significant conditions contributing to death but	not reauiting	in tha underivi	ng causa given	in Part i. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL			,		PE	ERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
						23 2/10	OF DEATH?
z l	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF	DEATH	YES   N	0 X		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. OTHER:	PLACE OF DEATH (	Check only one)		
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28e. DATE OF INJURY	ent 3 DOA	4 - Nursing Ho	ome 5 - Reeldeno	e 6 🗆 Other (Specify		
BY PI	Naturel 5 Pending (Month, Day, Year)  Accident Investigation	IOW INJURY OCC	URED				
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — building, etc. (Specify,	At home, ferm,	street, factory, of	Ice	28f. LOCATION (S City or Town,		or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only orie)  2 MEDICAL EXAMINER: On the best of my knowled my knowled or my knowled or my knowled or my knowled my knowled my knowled or my knowled my know						
8	296. SIGNATURE AND TITLE OF CENTIFIER		N	29c. LICENSE N			SIGNED (Month, Day, Year)
TO BE	MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	2	100	AS240.	232/Mg	MY > /	1.21.94
	Melinda Greenfi	eld	00	- Si	NAi 1	-105P	ITAL



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be

Pages 1, 2, 3 should

permit,

use as the burial-transit

jo

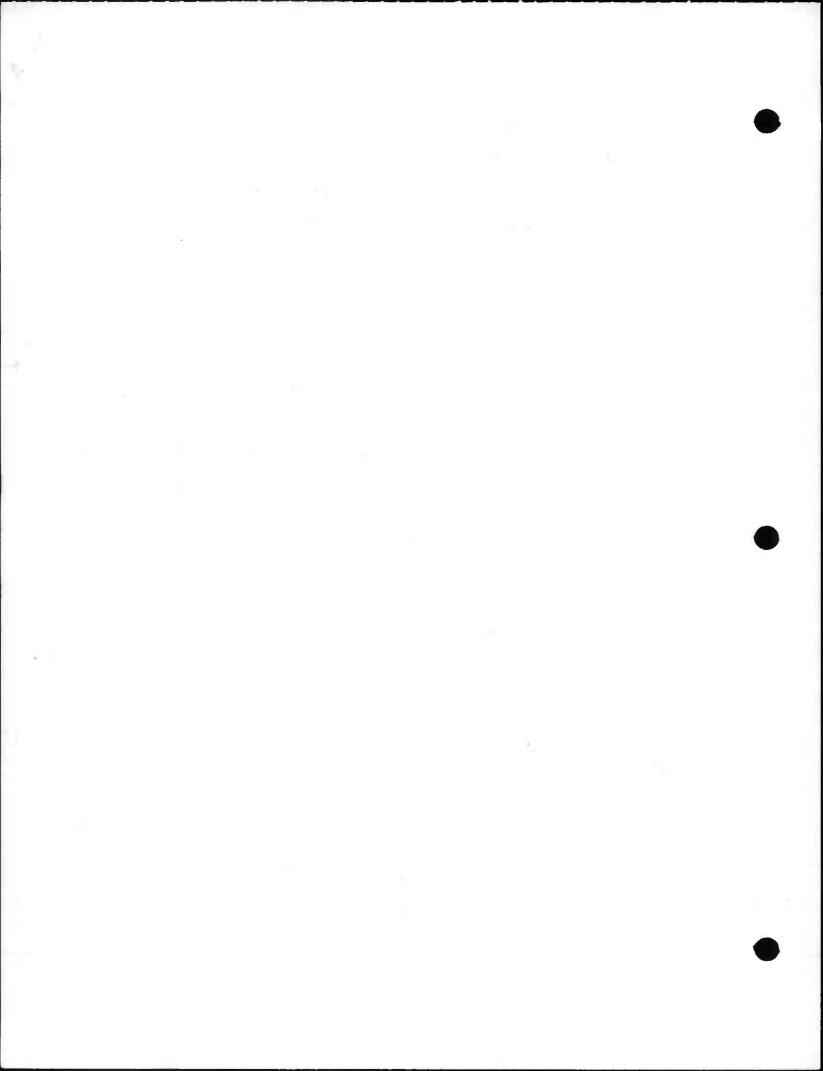
funeral director, page 5 should be detached

-	
	,
_	
0	:
9	٠.
~	
8	
9	
×	
BOX 68760	
$\simeq$	н
1	ľ
	4
0	1
Ų	
P.O.	
_	1
-5	
(J)	ľ
RECORDS,	
~	1
4	-
$\circ$	
U	
ш	۱
~	ŀ
_	
A	
-	1
	,
=	-
	4
11	5
$\overline{}$	- 5
v.	1
_	0
	9
$\cap$	4
$\simeq$	5
m	i
	ı
>	1
DIVISION OF VITAL I	The second contract of the second contract of
$\cap$	-
	- TOO BOTTON
	è
	5
	3

DIRECTOR:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 11 94 LENORE G COBURN 3:15 NE. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 F 76 218-10-7277 Maryland Aug. 2,1918 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Joseph Hospital Towson, Maryland Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Catonsville Maryland 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 217 Brookside Drive 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 😾 Merried If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 TYES 2 NO Specify Specify: BY 3 Widowed 4 Divorced White ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) COMPL Homemaker 12 Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ Albert Ridgely Bessie McCleary notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Coburn 217 Brookside Drive Catonsville Maryland 21228 (Husband) must be 20e. METHOD OF DISPOSITION

1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Loudon Park Cemetery 11/30/94 Baltimore Maryland 4 Donation 5 Other (Specify) traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes Misselloe 1630 Edmondson Avenue Catonsville Maryland an and completely filled in by the to burial, cremation, or removal 23. PART I Entay the diseases, or complications that ceused tha death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line intervai Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) LV Failure 4 hrs. DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Myordial Infarction 24 hrs. Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the attending physician Mental Hygiene prior to ceuse. Enter UNDERLYING 12 hrs. SIP CABG
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury other thet initieted events resulting in death) LAST Diabetes Mellitus 6 Unkn. Injury. PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS and t AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? Shows any signed the 1 TYES 2 NO 1 YES 2 NO t. of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate the State SPITAL OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be COMPLETED after 28 4 Homicide determined hours Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ea stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE E. Williams Ka dell MO 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Randall E. Williams 7620 York Road Towson, 21204 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 9 1994

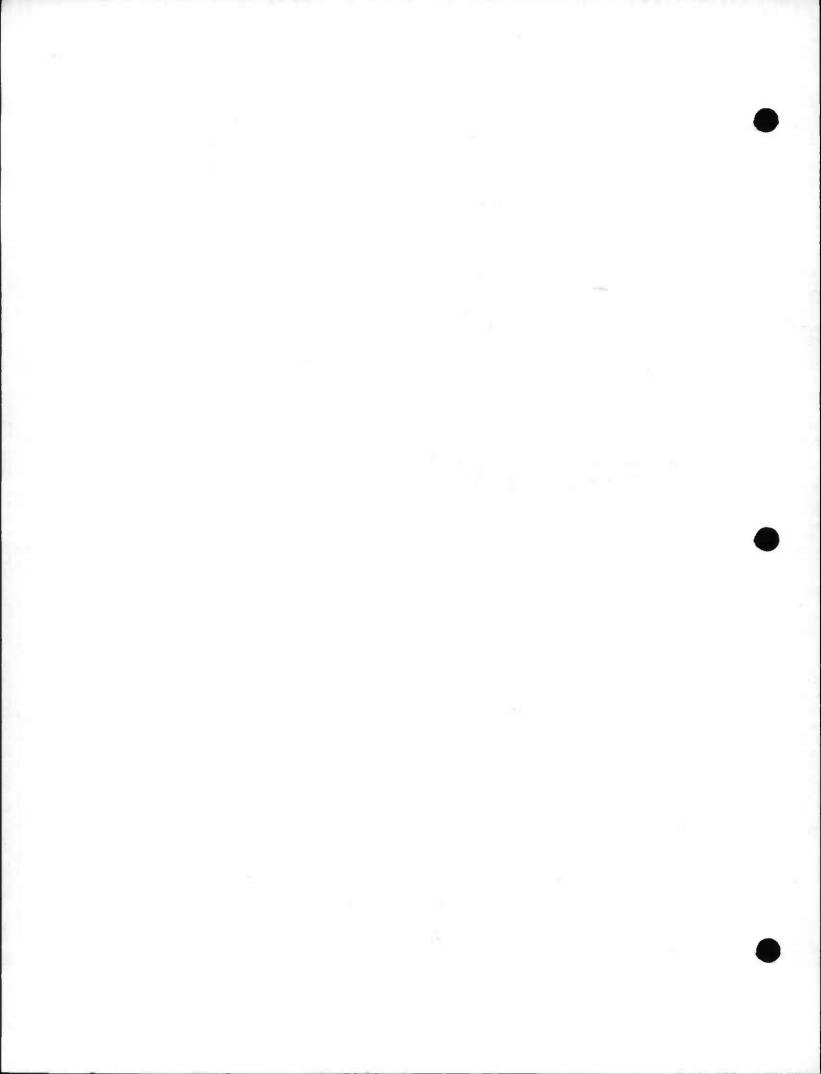


Item# 11.G-film 720 per F.F 2/24/95 P.C

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	SINIE OF I	MAILLE		IFIC/	ATE OI	F DE	ATH	MENIAL	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)  Marion Alverta Clark  2. Date of Death MONTH DAY VEAR 1.041 1.041											. TIME OF DEATH	
								Nov. 2	NOV. 26, 1994			1041 m		
		4. SOCIAL SECURITY NUMBER 216-07-0555	5. SEX		(In yrs. lest birtho	MON	UNDER 1 YEAR		DER 24 HRS.	7. DATE OF (Month, C	Day, Year)		Country)	ACE (State or Foreign
Pin			1 🗆 M 2 🔀 F	74	YF	is.				Jun. 7	7,192		Mary.	
3 should	<b>c</b>	9a. FACILITY NAME (If not institution, give								UNTY OF DEA	TH			
c/i	ЕСТОВ	University Hospital Baltimore												
sede	REC	10a. STATE 10b. COUNT			OWN OR LOC	ATION					-10	0d. INSIDE CITY LIMITS?		
ji.	PIG		Arunde	1	Se	ever	n						1	TYPES 2 NO
) bern	AAL	10e. STREET AND NUMBER					1	101. ZIP CC				10g. CIT	IZEN OF WHA	AT COUNTRY?
physician. burlal-transit permit. Pages 1,	FUNERAL	1312 Donald Av						211				US	T	
g physician e burtal-tra		11. MARITAL STATUS  1 Never Married Married	12. WAS DECEDEN FORCES? 1	1 YES	2 NO		If yes, s	specify Cu	iban, Maxica	NIC ORIGIN? (		or No-		- American Indian, White, etc.
	B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR D	ATES		1 🗆 YE	ES 2 XN	O Specif	fy:			Specify:	White
r attending use as the	ED	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDE	VEC S.LI	AL OCCUPAT	TION		16b. K	IND OF BUS	SINESS/IN	DUSTRY	
5 5	<b>III</b>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do N	OT use reti	,	MOSI OF WO	rking					
2 g G	COMPL	8			Homen	ıake	er						Home	е
		17. FATHER'S NAME (First, Middle, Last) William Reson	Cooma							AME (First, Mid				
stained by should be offified at	BE	19a. INFORMANT'S NAME (Type/Print)	Sears							Vermi				
2 2 2	2	Barry W. Clark								Route Number,			,	
ay be		20a. METHOD OF DISPOSITION		201	b. PLACE AND D				ve.	Sever	_		21144 City or Town	
		1 Sp Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	Cen O.J	metery, crematory  ld Bet	or other p	Cem		P 17					e, MD
Page dir		21. SIGNATURE OF FUNERAL SETVICE IN	CENSEE	11	7	1	22. NAME	ANO ADDI	RESS OF FA	CILITY				
		Hardesty Funeral Home, P.A.												
- 2 th e		12 Ridgely Ave. Annapolis, MD 21401  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,   Approximate												
no di po		shock, or heert fellure. List only one ceuse on each line. Interval Batween  [MMEDIATE CAUSE /Final												
		disease or condition Coronary Artory Disease										1/2 grave		
		resulting in death)  a. COLOTIALY ALLELY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):										Jalos		
and com o bunal,	Z	Sequentially list conditions,												
4 6 00 6	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
Phy phy	10	CAUSE (Disesse or injury C.												
Hygie of other	RTIFI	that initiated events resulting in death) LAST												
the death y the atter of Mental injury, o	G	The part of the same of the part and the same of the s	d											+
T PO T	DICAL	PART II. Other significant condition		deeth o	out not result	ng in th	ie underlyl	ing caus	e given in	Part i. 24	4a. WAS AN PERFOR		AV	PERE AUTOPSY FINOINGS MAILABLE PRIOR TO
) 5 8 E 8	Did	Cervical Cancer									OMPLETION OF CAUSE F DEATH?			
law requires that seen signed ept. of Health a	ME				CALICE	- DI							1	YES 2 NO
has be Dept.	CIAN:	DID TOBACCO USE	T	: 10	CAUSE	טע זכ		YES [		neck only one)			1	
SICIAN: The lar certificate has the State Deg	SICI	EXAMINER?	HOSPITAL:	□ FR/Out	netiant 3   D(		THER:							
PHYSICIAN: this certifical with the St irked, or it	높	27. MANNER OF DEATH	26a, DATE OF	F INJURY		TIME OF	28c. If	NJURY AT		6 Other (S		NJURY OC	CUREO	
NG PHYS frer this cath with	ВУ Р	1 Netural 5 Pending		Day, Year)		INJURY		VORK? YES 2	_ NO					
ATTENDING FECTOR: After the safter death		3 Suicide 8 Could not be	28a. PLACE C	OF INJURY	Y — At home, fa	rm, street	t, factory, off	fica			ON (Street a	and Numbe	er or Rural Rou	ite Number,
OR ATTENDING DIRECTOR: After hours after death	Ш	4 Homicide datarmined		, San 1-P	ony,					Only C.	iOwir, Giency			
	PLE		SICIAN: To the beat of	f my know	viedge, daath oc	curred at	the time, da	ita and pla	ica, and dua	to the cause	(a) and man	nor an ata	ited.	
HOSPITAL FUNERAL Within 72 TANT: If	COMPLET	one) 2 MEDICAL EXAMIN	NER: On the besis of a	ixeminatio	on and/or Investi	gation, in	my opinion,	, death oc	cured at the	time, data an	d placa, an	d dua 10 t	he cause(s) a	nd manner as stated,
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	w I	296 SHOWATURE AND TITLE OF CENTIFIE	7//					20c. L	ICENSE MU	MBER		29d. DAT	TE SIGNEO (M	fonth, Day, Year)
5 5 3 <b>IN</b>	TO B	formal 1/1/10	en					D	381	+ 4		<b>&gt;</b> /	1/28	194
		FOLUME AND ADDRESS OF PERSON WI	Un wors	SE OF DE	ATH LITEM 27	Type, Print	nd	22	Sout	h Gz	une	Sh	eet	Bolt MD
		31. DATE FILED (Month, Day, Year) NOV 2 9 1994	ali dande	ARYSIGN	VATURE Lall					e				21210



		0
<b>BALTIMORE, MARYLAND 21215-0020</b>	attending physician.	ase as the burial-transit p
LAND 21	the hospital or	e detached for
, MARY	be retained by	d Should b
TIMORE.	th. Page 6 may	neral director, par
	nours after dear	led in by the fun
		9
68760.	poecuted with	and complete
D. BOX	ertificate be	nd physician
DS, P.	the death of	w the attendi
RECOF	uires that	signed b
	W req	beer
F VITAL	SICIAN: The law req	certificate has been
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit in

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH CAldwel NOR 3 8.25 PM 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR DAYS 1 - M 2 X F Pages 1, 2, 3 should 9a. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF CEAT DIRECTOR TIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO FUNERAL 100 STREET AND NUMBI 101. ZIP CODE 10o. CITIZEN OF 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 18. MOTHER'S NAME (First, Middle 9BORGE BE 2 9 20b. PACE AND DATE OF DISPOSITION (No 20s METHOD/OF DISPOSITION
1 Burtal 2 Cremetion 3 Per must examiner pley the diseases, or complications that caused the deeth. Do not enter the made of dying, such as cardiac hock, or heart fallure. List only one cause on each line. medical Interval Between ò IMMEDIATE CAUSE (Final **Onset and Death** cremation. the disease or condition ACUTE RESPIRATIRY DISTRESS SYNDROM or other traumatic event, resulting in death) burial, PERITONITIS DUE PERFORATED GASTAIC ULCER CERTIFICATION Sequentielly list conditions, of Health and Mental Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury AND NECROSIS OF COLON AND METABOLICACIDOSIS
DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST MULTIPLE ORGAN FAILURE PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 23 shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: the State Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED with 28 is marked, 1 Natural 5 Pending BY be filed within 72 hours after death IMPORTANT: If Item 28 is mar 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated (Check only one) THE FUNERAL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2695 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SURGICAL HOUSE OF FICER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



17

PEMY CHHIM

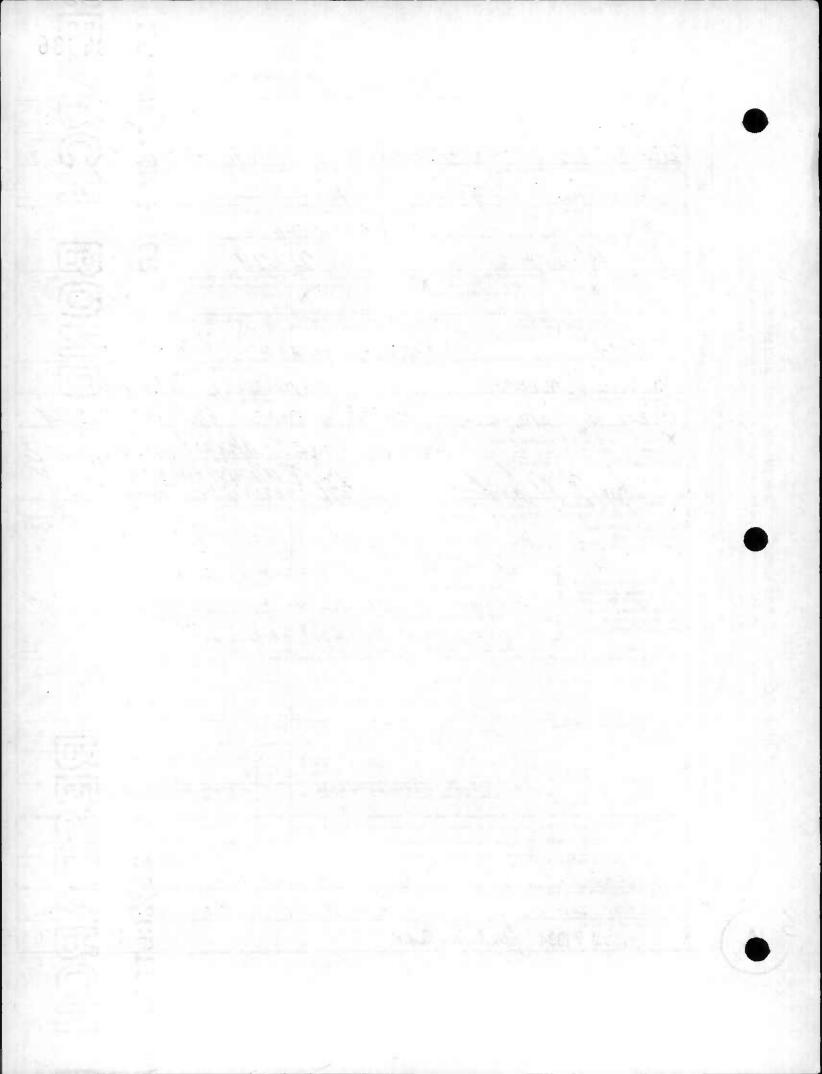
31. DATE FILED (Month, Day, Year)
NOV 2 9 1994

M-D

32. REGISTRAR'S SIGNATURE

alia Davolson Rarball

SLTIMORE,



## DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. F hours after death. Page 6 may be retained by the hospital or attending physician. PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	)				2. DATE OF	DEATH			3. TIME OF DEA	ATH	
	MARGARET	E. CARRO	OLL			NOV.	2.		/EAR	2:33	D M	
	4. SOCIAL SECURITY NUMBER	CURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. SIRTH										
	217-16-5614	NOV. 8, 1914 MARY										
œ	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEAT											
DIRECTOR	UNIVERSITY HOSE			BALT	IMORE C	ITY		BAL	TIMO	ORE		
REC	10e. STATE 10b. COUNT		10c, CITY, TO	WN OR LOCATI						10d. INSIDE CIT	Υ Υ	
		LTIMORE			IMORE C	ITY				1 X YES 2	NO	
FUNERAL	100, STREET AND NUMBER			101.	ZIP CODE					HAT COUNTRY?		
JNE	16 SOUTH BERNICE	12. WAS DECEDENT EVER II	NUS ARMED	13 WAS DECE	21229 INDENT OF HISPAI	NIC OBIGINA (	Sanathi Van	USA	_	- American Ind		
	1 Never Merried 2 Merried	FORCES? 1 YES	2X NO	If yes, spe-	city Cuben, Mexice	n, Puerto Rica			Black,	White, efc.	Hen,	
BY	3 🕅 Widowed 4 🗌 Divorced				- <b>A</b> _	,			BĽÄ	lck		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of work of life. Do NOT use reting	done during mos	N t of working	16b, KI	ND OF BUS	INESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12) 12th GRADE	College (1-4 or 5 +)	DOMESTI	50.		IINIV	NOWN					
OM	17. FATHER'S NAME (First, Middle, Last)		DOMESTI		18. MOTNER'S NA			Sumame)				
BE C	CHARLES T.	CARROLL			MARGAR				NES			
0	19a. INFORMANT'S NAME (Type/Print)	37 737	19b. MAILING ADD									
_		SLEY	16 SOUTH									
	20e. METNOO OF DISPOSITION  1 X Buriel 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)	moval from State	D. PLACE AND DATE OF DIS natary, cramatory or other p ING MEMORIA	SPOSITION (Nan Naca)	eof	DATE	20c. LOC	CATION — CIF	y or Tow	n, State		
	21. SIGNATURE OF UNERAL SERVICE L	JCENSEE A	ING MEMORIA	22. NAME AND	ADDRESS OF FA	KI II-Z	1-94 V	VOODLA	.WN,	MARYLA	IND	
	* Wa. ()	0.12	)	JOSEP	H H. BR	OWN JR	. FUN	NERAL	номі	E, P.A.		
$\dashv$	23. PART I. Enter the dieeesee, or	complications that cause	the deeth. Do not e	1913	W. BALT	LMORE	ST.,	BALTI	MORI			
	23. PART I. Enter the dieeesee, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory erreet, ahock, or heart fallure. Liet only one ceuse on each line.  [MMEDIATE CAUSE (Finel)  Onset and Dailor.										Between	
	disease or condition resulting in deeth) . Congestive tart Failure										- 1	
		DUE TO OR AS A	CONSEQUENCE OF):		1					Year	)	
NO NO	disease or condition resulting in deeth)  e. Congestive Kart Failure  Due to for as a consequence of:  Sequentially list conditions,  Due to for as a consequence of:											
AT	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease Dr Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST	resulting in death) LAST										
AL C	PART II. Other eignificant condition	ons contributing to death b	out not resulting in th	a underlying	ceusa given in	Pert I, 24	a. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY F	FINDINGS	
ICA		Renal Fail				PERFORMED?			1	AVAILABLE PRIOR	01 8	
ED						_   '	_ 1E3 2	_ NO		OF DEATH?	NO	
ä	DID TOBACCO USE CONT	TRIBUTE TO CAUSE O	F DEATH YES	□ 0N □	UNCERTAIL	N 🗆						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	28. PLACE DF DEATH (C/	heck only one) HER:								
IXSI	1 VES 2 NO	1 M Inpatient 2 ER/Outp	entient 3 DOA 4 D	Nursing Home	5 Residence							
à	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR M 1 7	K?	28d. DESCRI	BE NOW IN	IJURY OCCUR	RED			
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, street,			28f. LOCATIO	N (Street a	nd Number or	Rural Ro	ute Number,	$\dashv$	
COMPLETED	4 Homicide determined	building, etc. (Spec	ony)			City or Ti	own, State)					
PLE	29e. CERTIFIER (Check only 1	SICIAN: To the best of my know	ledge, death occurred at	the fime, date e	end plece, end due	to the cause(	s) end men	ner ee stated.				
OM	one) 2 MEDICAL EXAMIN	IER: On the beele of examination	n end/or investigation, in	my opinion, de	ath occured at the	time, date end	I place, end	due to the c	:euse(e)	end manner ee	stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	EPI O			29c. LICENSE NUI			29d. DATE S	GNED (	Month, Day, Year)	,	
0	The x	alosean			022	64	3	<b>&gt;</b> 11	ZI	94		
7	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Print)	)								
1	31. DATE FILED (Month, Day, Year)	1 32 REGISTRAR'S SCH	ATURE .						_			
	NOV 2 9 1994	the dividentian	fall									

TO THE EXPENDE DIFFICION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine the first man death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

**WISION OF VITAL RECORDS, P.O. BOX 68760,** 

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE OF MARYL REGISTRAR		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	1		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	Complete Ch	arles		November	2 - 20 - 4			
		100	UNDER 1 YEAR IF UNDER 24 HRS.  THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)			
	577-44-7134 t ☑ M 2 ☐ F  9a. FACILITY NAME (If not institution, give street and number)	60 YRS.	CITY, TOWN OR LOCATION OF DE		934Washington DC			
DIRECTOR	Laurel Regional Hospital		aurel Prince Georg					
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION	,	10d. INSIDE CITY			
듭	Maryland Howard	Laure	el		LIMITS? 1 YES 2 X NO			
₹ 	10g. CITIZEN OF WHAT COUNTRY?							
109. STREET AND NUMBER  109. CITIZEN OF WHAT  10517 GOTMAN ROAD  11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES?  1 Never Married 2 12 Married 1 12 Was DECEDENT EYER IN U.S. ARMED FORCES?  1 Never Married 2 12 Married 1 13 Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- Black, Was December 1 1 1 1 Never Married 1 1 1 1 Never Married 1 1 1 1 Never Married 1 1 1 1 Never Married 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Black, White, atc.							
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	AIES	1 TES 2 NO Specify		Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working led.)	16b. KIND OF BUSIN	IESS/INDUSTRY			
12	Elementary/Secondary (0-12) College (1-4 or 5+)	Owne		Twodow	dala Tuandada			
No.	17. FATHER'S NAME (First, Middle, Last)	OWITE		ME (First, Middle, Maiden Su	ick Insulation			
BE C	Robert Irvin Compton		Ruth M	arie McDa	niel			
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	PRESS (Street and Number or Rural F					
-	Evelyn Collins Compton		Gorman Road					
	20a METHOD OF DISPOSITION t Burial 2 Cremetton 3 Femoral from State	PLACEAND DATE OF DI	SPOSITION (Name of place)	DATE 20c. LOCA	TION — City or Town, Stata  11s Church, Va.			
	4 Donation 5 Other (Specify) No.	actional r	22. NAME AND ADDRESS OF FAC	YTUK				
	Thurs of 10 Ch	V -	IVES-PEARSO					
	23. PART I. Enter the diseasea, or complications that cause	d the death Do not a	284 / Wilson	Blvd. Ar	lington, Va.			
	shock, or heart fallure. List only one cause on e	ach line.			Interval Batween			
	MMEDIATE CAUSE (Final disease or condition resulting in death)	The Ad	nadenina	5 VOX 00	En Permil 4			
		CONSEQUENCE OF):	010000000000000000000000000000000000000					
NO	Sequentially list conditions,							
ATI	If any, leeding to immediate ceuse. Enter UNDERLYING	CONSEQUENCE OF):						
IFIC	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other eignificant conditions contributing to deeth b	out not reculting in the	ne underlying ceuse given in	Part I. 24s. WAS AN AU	UTOPSY 24b. WERE AUTOPSY FINDINGS			
S				PERFORMI				
WED				_	OF DEATH?			
N.	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF D	EATH YES   NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	01	26. PLACE OF DEATH (Che	ack only one)				
1YS	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  20. DATE OF INJURY	28b. TIME OF	Nursing Home 5 - Residence					
	1 Natural 5 Pending (Month, Oay, Year)	INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED			
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be hullding at a Society	— At home, farm, stree		281. LOCATION (Street and	d Number or Bural Route Number,			
Ē	4 Homicide detarmined building, atc. (Spe	спу)		City or Town, State)				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	riedge, death occurred at	the time, data and place, and due	to the cause(s) and manne	er as stated.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation, in	my opinion, death occured at the	time, data and place, and o	due to the cause(e) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	my	29c. LICENSE NUN	IBER 2	29d. DATE SIGNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	111	U35	OSD	11/19/94			
	romero alla mi	1(2)	Dans D	M which	J/4 1 mm 2485			
	31. DATE FILED (Month, Day, Year)	velul,	1 11/10	anis Ar	11111100000			
	31. DATE FILED (Month, Day, Your) NOV 2 9 1994				<b>O</b> -			

Ö	
9289	
1	
ω	
×	
0	
BOX	
o.	
۳.	
_	
S	
$\alpha$	
RECORDS,	
O	
ш	
$\alpha$	
/ITAL	
V	
$\vdash$	
=	
Ä.	
OF	
7	
$\overline{a}$	
$\simeq$	
NOISINI	
5	
=	

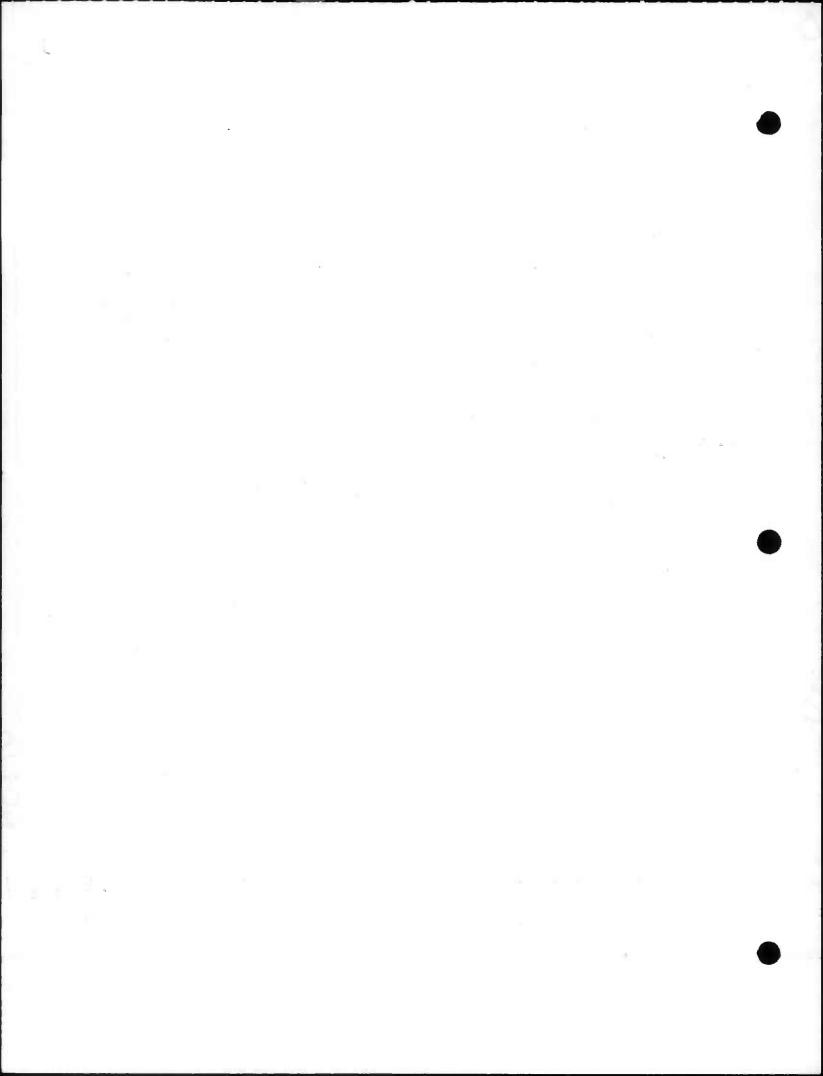
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAR				CERTIF	ICAL	E UI	- DEATH		REG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)			-					OF DEATH			3. TIME OF DEATH	
	Charles E.	Dean							NOV	ember "	24,	1994	9 PM	
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yr.	s. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign	
	217-01-6818		1 XM 2 □ F	7	73 YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	h, Day, Year)	1921	Count	(Y)	
	9a. FACILITY NAME (If not ins	titution also e		5	at out	7 70147	OR LOCATION OF DI							
œ								EATH				EATH		
DIRECTOR	919 Lenton A			Ba	lti	more			N/A					
<u>ا</u> ي		10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOC	ATION			10d. INSIDE CITY			
<u> </u>	MD	N,	Baltimore					•	LIMITS?					
_	10e. STREET AND NUMBER		**			X	1111				1X YES 2 NO			
¥	919 Lenton	7					-   '	of. ZIP CODE			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL		Avent						21212				U.S.		
E	11. MARITAL STATUS  1 Never Married 2 X h	dand ad	12. WAS DECEDENT FORCES? 1			13.	WAS DE	CENDENT OF HISPAN pecify Cuben, Mexica	NIC ORIGI	17 (Specify Yee	or No-	14. RACI	E — Americen Indian, k, While, etc.	
β	3 Widowed 4 Divort		IF YES, GIVE W					S 2 XNO Specif				Spec	tty:	
												<u> </u>	Black	
	15. DECE (Specify only	DENT'S EDU highest grade	completed)	164	Give kind of	work done	during n	ION lost of working		KIND OF BUS				
COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5 +		life. Do NOT us				G	eneral	MOE	ors		
È	7th		N/A		Drive	er								
용	17. FATHER'S NAME (First, Mid	Idle, Last)						16. MOTHER'S NA			Surneme)			
<u> </u>	Walter R. D	ean						Ethel 1	Keen	9				
0 0	19a, INFORMANT'S NAME (Ty)	oe/Print)			19b. MAILING	ADDRES	\$ (Street	end Number or Rural	Route Num	ber, City or Town	n, State, Zi	ip Code)		
=	Kathryn T.	Dean			919 Le	entor	n Av	renue/Bal	timo	ce, Mai	rylai	nd 2]	L212	
	20e. METHOD OF DISPOSITIO	ON .	ottrattianer:		ACE AND DATE				DAT	E 20c. LO	CATION -	City or To	wn, State	
1	XX Buriel 2 Cremetion 4 Donetton 5 Other (	Specify)	oval from State	AR	BUTUS	ME M	ORI	AL PARK	11-2	9 AR	BUTU	S, M	D	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEL			22.	NAME /	AND ADDRESS OF FA	CILITY					
	<b>▶</b> A. =	1	(10-					F/H Eas					227	
-	-Jeus,	n V.	map	~0_		1.	TOT	E. North	Avei	nue/Ba.	Ltim	ore,	MD 21202	
	23. PART i. Enter the dis	art failure.	complications that List only one caus	caused the	e deeth. Do r iina.	not enter	the m	ode of dying, suc	th as care	diec or reapi	retory ar	rest,	Approximete Interval Between	
ŀ	IMMEDIATE CAUSE (Fine	ıl				ŧ				74			Onsat and Death	
	disease or condition resulting in death)	<b>&gt;</b>	e lu	ing c	case	~~~	~	(hun -	smal	I al	()		3 months	
			DUE TO	OR AS A COI	NSEQUENCE O	F):	tartases to brain \$							
Z	CASSOCIAL DE MONE		b.	w	ith h	etai	tass	5 to 62	ain				Sweeks	
CERTIFICATION	Sequentielly list condition If any, leading to immediate		DUE TO (	OR AS A CO	NSEQUENCE O	F):								
5	ceuse. Enter UNDERLYIN CAUSE (Diseess or Injur		c											
<b>=</b>	that initiated events		DUE TO (	OR AS A CO	NSEQUENCE O	F):								
	resulting in desth) LAST		d											
	PART II Other elegitions	t condition	a anniality time to	d	-A far									
EDICAL	PART ii. Other significan				not resulting	in the ur	A		Part i.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO	
ĭ		nonea	A	hetes			An	enné		1   YES 2	CMO		COMPLETION OF CAUSE DF DEATH?	
N N	Cano	hola	esoph	witis								- 1	1 _ YES 2 _ NO	
ž	DID TOBACCO US	E CONTI	RIBUTE TO CAL	JSE OF D	DEATH YE	SYZ	NO [	UNCERTAIN	N 🗆					
4	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26. F	PLACE OF DEAT			)						
PHYSICIAN:	1 TES 2 NO		HOSPITAL:	ER/Outpetler	nt 3 🗆 DOA	OTHEI		me 5 Raeldenca	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH		26s. DATE OF		28b. TIM	E OF	28c. IN	JURY AT		CRIBE HOW I	NJURY OC	CURED		
- 81	1 Netural 5 P	ending rvestigation	(Month, Da	y, 198/)	INJ	URY M		YES 2 NO						
6	a Deutste		28e. PLACE OF	INJURY - A	At home, farm,	rtreel, fact	tory, offi	Ce	28f, LOC	ATION (Street e	nd Numbe	e or Rumi F	Soute Number	
2		ould not be etermined	building, a	rtc. (Specify)					City	or Town, Stete)			,	
4	29e, CERTIFIER		and acceptable		t and the t				<u></u>		_			
	(Check only		CIAN: To the best of r											
COMPLE	2 MEDIC	AL EXAMINE	R: On the beele of ex	emination and	d/or investigation	n, in my o	opinion,	death occured at the	Ilme, date	end placa, and	d due lo 1	he ceuse(e	end menner ee stated.	
	296. SIGNATURE AND TITLE	OF CENTIELES						29c. LICENSE NUM	MBER		29d, DAT	TE SIGNED	(Month, Day, Year)	
	MAS	erre	CME					D 3	574	10		11-2	8-94	
-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH	$\bigcirc$	Print)	2					-		
	Suite 907	30		and (	Clace	(	Sal	finons	Ma	my lan	1	2120	_ ا	
	31. DATE FILED (Month, Day, Ye	ear)	32. REGISTRAF	'S SCHATTE	19/					1				
	NOV 2 9 19	94 9	was a ward	A-MANOO									1	
		- :/												



**BALTIMORE, MARYLAND 21215-0020** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Mo

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS: 10e,19b	DED E	н Енм с	_717	11/20/0/ +	+					•		0 1030
FOR	, FEN I					T OF	HEALTH /	AND I	MENTAL HYGIENI			
- STATE REGISTRAR		OIAIL OI I	MILL	CERTIF					REG. NO.	-		
1. DECEDENT'S NAME (First,	Middle, Last)	17.5	0.11	000					2. DATE OF DEATH		3.	TIME OF DEATH
ALICIA	KEN	IEE I	200	ROS					NOVEMBER.	23.	1994	8:30 a M
4. SOCIAL SECURITY NUMB	ER	5. SEX	B. AGE (	(In yrs. last birthday)	IF UNDER	T			7 DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
203-46-359	9	1 - M 2 XF	2	27 YRS.	MONTHS	DAYS	HOURS	MIN.	April 20, 19	67	Penns	sylvania
9a. FACILITY NAME (if not in:					9b. CITY	r, TOWN	OR LOCATION	N OF DE			NTY OF DEAT	гн
		KINS HOSI	PITAL	L!	В	alt	imore					
RESIDENCE OF DEC	EDENT 10b. COUNTY			10c CIT	Y, TOWN (	20100	ATION				140	
Pa.		laware			ooma		ATION					Dd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Tawaro			00		101. ZIP CODE			10- CITI		T COUNTRY?
227 Parky	· i o	207 5	ADVVI	EU DDIVE		- 1.		8008		10g. GH	ZEN OF WHA	
11. MARITAL STATUS	/10W- A	12. WAS DECEDEN			12	'45 OI			IIC ORIGIN? (Specify Yea	I	-	
1 Never Married 2 💢	Married	FORCES? 1	YES	2 (10		It yes, s	specify Cuben,	, Maxicar	n, Puerto Ricen, atc.)	or No-	Black, W	American Indian, Vhita, atc.
3 Widowed 4 Divor	ced	IF TES, GIVE W	AR OR DA	ATES		1   YE	ES 2 X NO	Specify	r:	1	Specify:	vhite
	EDENT'S EDUC			18a. DECEDENT'S	USUAL O	CCUPAT	TION		16b. KIND OF BUS	INESS/IND		-
Elementary/Secondary (0-	1	College (1-4 or 5	+)	(Give kind of v	work done se retired.)	during n	most of working	1				
12				Haird	ress	er			Cos	meto:	logy	
17. FATHER'S NAME (First, Mi	ddle, Last)								ME (First, Middle, Maiden	Surname)		
William F							Ma	ıry	P. Rudloff			
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street	t end Number o	or Rural P	Route Number, City or Town	, State, Zip		
William F	⊰ich			527 P	arkv	iew	AVO.	, Br	oomall, Pa	. 19	9008	
20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	20b. cem	PLACE AND DATE OF OR PETER &	OF DISPOS	SITION	Name of		111/		City or Town,	
4 Donation 5 Other		SHEED.		Perer a	Lan <sub>1</sub>	. LE	meter	2 25 54	78 Spr	ıngı	ield,	Pa.
· Za	u i	L. Ka	uh	nun	Ga  56	Fy 395	L. Kai Main S	jfma St	n Funeral Elkridge,	Home Md.	of E2	
23. PART I. Enter the di	seages, or c	omplications the	t camed	the desth. Do r	not enter	r the m	node of dyin	ig, such	n ss cardisc or respin	atory arr	est,	Approximate
IMMEDIATE CAUSE (Fin	-	List only one cau		4								Interval Between Onset and Death
disesse or condition resulting in death)	<b>+</b>	FNE	UMI	ONIA								13 WEEK
resorting in death)		DUE TO	(OR AS A	CONSEQUENCE OF	F):				_			
Sequentially list condition	ons.			15 HOS		0	ISEA	12+				1 MONTH
If sny, leading to immade cause. Enter UNDERLYil	diate	CHROA	OR AS A	CONSEQUENCE OF	a: C Total	101	10	It	ULEMIA			4 YEARS
CAUSE (Disesse or Injui				CONSEQUENCE OF			27	00	UPCMIN			1 /CILS
that initiated avants resulting in death) LAST	r	502.10	(on As A	OONSEOVENCE OF	,.							
		5										
PART II. Other significs	nt condition	s contributing to	desth b	ut not resulting	in the ur	nderlyl	ng csuse gi	ven in	Part i. 24a. WAS AN /			ERE AUTOPSY FINDINGS
									1 D IES 2		CC	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
											0.4	YES 2 AND
DID TOBACCO US	SE CONTI	RIBUTE TO CA	USE O	F DEATH YE	S 🔲 I	NO [	UNCE	RTAIN	ID LUN	a only	Ÿ	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			26. PLACE OF DEAT	_		е)			)		
1 TES 2 TO		HOSPITAL:	ER/Outp	atlent 3 DOA	4 Nur		ome 5 🗆 Resi	idence	S Other (Specify)			
27. MANNES OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF		NJURY AT VORK?		28d. DESCRIBE HOW IN	JURY OCC	CURED	
	Pending nvestigation				М		YES 2	NO				
	Could not be determined	28e. PLACE O building,	of INJURY	' — At home, tarm, s cify)	street, fect	tory, offi	lica		28t. LOCATION (Street all City or Town, State)	nd Number	or Rural Rout	e Number,
29a. CERTIFIER (Check only	FYING PHYSK	CIAN: To the best of	my knowi	ledge, death occurr	ed at the f	time, da	ita and place, o	end due	to the cause(a) and men	ner ee stat	ed.	
									time, data and place, and			nd manner as stated.
20h SIGNATURE AND TITLE							1				2 - 11 - 15	e equation in the same of

CAUSE OF

in Dendem Rendelle



and the first term of the firs

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MELISSA DONALDSON 45 DONALDEON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State HOURS 1 M 2 X F 218-12-6689 YRS. 30. Nov Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University of Maryland Hospital Baltimore City Baltimore City 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Sykesville 1 YES 2 NO permit. FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7200 Third Ave. tuneral director, page 5 should be detached for use as the burial-transit C-098 21784 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Il yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 X NO Specify: BY Specify: 3 🔀 Widowed 4 🗌 Divorced White 18e. DECEOENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5 +) vears Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James H. Pyle Virginia Hicks BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 117 Castletown\_Rd. #102\_ Timonium, MD S. Rogers Mann 21093 9 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 M Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Carroll Cremation, Inc. 4 Donation 5 Other (Specify) 11 - 28Hampstead, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours other death. Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or remova-21133 medical 23. PAPT I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition toilure DUE TO (OR AS A CONSCIUENCE OF) resulting in death) other traumatic event, executed with Conduston Memori CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente reaulting in desth) LAST 6 PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by t Health and BRADY HYRIOD: 1 ☐ YES 2 ☐ NO OF OEATH? CARDIA 1 YES 2 NO ŏ DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO BL UNCERTAIN PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, r this certificate h EXAMINER? HOSPITAL:

1 Linpstient 2 ER/Outpetient 3 DOA OTHER 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL I within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF GERTIFIER 29d. DATE SIGNEO Month, Day, Year) BE 11/26 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 A M.D 2, REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	
0	
P.O. BOX 6876	
~	
m	
~	
9	
×	
$\sim$	
$\cup$	
m	
_	
~	
U	
о_	
S	
S D S	
_	
<u>~</u>	
$\overline{}$	
$\cup$	
(1)	
ш	
$\mathbf{r}$	
OF VITAL RECORDS,	
٠.	
⋖	
_	ı
_	ŀ
	ľ
L	
$\overline{}$	ı
$\cup$	í
7	ď
_	7
$\circ$	١
DIVISIO	
מי	ı
_	Н
>	ľ
_	
_	
	i
	i
	1

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR		STATE OF MARY	LAND / DEI	PARTMEN	T OF H E OF	EALTH AND DEATH	MENTA	L HYGIEN				
1 DECEOENT'S NAME (F	15 HOWARI	DENNIS	GINGMAN	DI	160	MAN	2. DATS	OF DEATH	1.199	YEAR 74	3. TIME OF DEATH	
4. SOCIAL SECURITY NU 076-38-454	19	1 🔀 M 2 🗆 F	M 2 D F 46 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)  July 14, 1948					18	New	York		
4	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  19c. COUNTY OF DEATH  Prince (  RESIDENCE OF DECEMENT									Georges		
(Home) 12 RESIDENCE OF D 10a. STATE Maryland		ce Georges	100	CITY, TOWN	OR LOCAT		aurel			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER  1218 West  11. MARITAL STATUS		TTACE  12. WAS DECEDENT EVER				. ZIP CODE			U.	U.S.A.		
3 Widowed 4 D	and the second second	FORCES? 1 YE	S 2 NO	13.	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	an, Puerto		or No— 1	r No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. C (Specify Elementary/Secondary 17. FATHER'S NAME (First	ECEDENT'S EDUC. only highest grade c	ATION completed)  College (1-4 or 5+)	(Give kin life, Do N	NT'S USUAL ( d of work done OT use retired.)	during mo	st of working	164	b. KIND OF BUS				
17. FATHER'S NAME (First	Middle Last)		News	spaper	Çou			Newspa		eli	very	
		Dinaman				18. MOTNER'S N.	AME (First. Joan		Surname)			
19. INFORMANT'S NAME	Howard A. Dingman  19e. INFORMANT'S NAME (Type/Print)				S (Street a	nd Number or Rural			- Ctata 7/a C	`a dal		
Mr. & Mrs.	Howard	Dineman	- 1							200 <del>0</del> )		
20a. METHOD OF OISPOS 1 ☑ Burial 2 ☐ Crema	Mr. & Mrs. Howard Dingman  1011 Day Road Sykesville, MD 21784  20a. METHOD OF OISPOSITION 1											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AUGUST  Crestlawn Memorial Gardens 11/28/1994 Marriottsvill  22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box Sykesville, MD 21784 (410)-79								ox :	195)			
disease or condition resulting in death)  Sequentially list condition in any, leading to immore cause. Enter UNDER! CAUSE (Disease or in that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
PART II. Other signifi	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 TYPO							MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO  25. WAS CASE REFERRED EXAMINER?  1 MY YES 2 NO  27. MANNER OF DEATN		IBUTE TO CAUSE	OF DEATH			UNCERTAI	N 🗆				1 TYES 2 NO	
EXAMINER? 1 ¥ YES 2 □ NO		HOSPITAL:		OTHE	R:	24			<del></del>			
27. MANNER OF DEATN		28a. DATE OF INJURY	y 28b	TIME OF	28c. INJ	5 Rasidence		r (Specify) SCRIBE HOW II	LIURY OCCU	IBEO		
1 Natural 5 [ 2/ Accident	Pending Investigation	(Month, Day, Year,	)	INJURY M	1 🗌 Y	RK? ES 2 NO		VO.1102 11011 11				
	building, etc. (Specify)								oute Number,			
		AN: To the best of my kno : On the basis of examinat									and manner as stated,	
29b. SIGNATURE AND TIT	me	ralle	M.D.			DIDENSE NU	MBER > 79	?	29th DATE S	SIGNEO	Month, Day, Year) 25 1994	
METONS	VILL	E.M.D.	1070	Type, Print)	PAF	TON DR	2, 1	AR6	o M	D .	20772	
NOV 29 1		32. REGISTRAN'S SIG	- 20									

 $z^{kl}$  = FI III WILLIAM OF

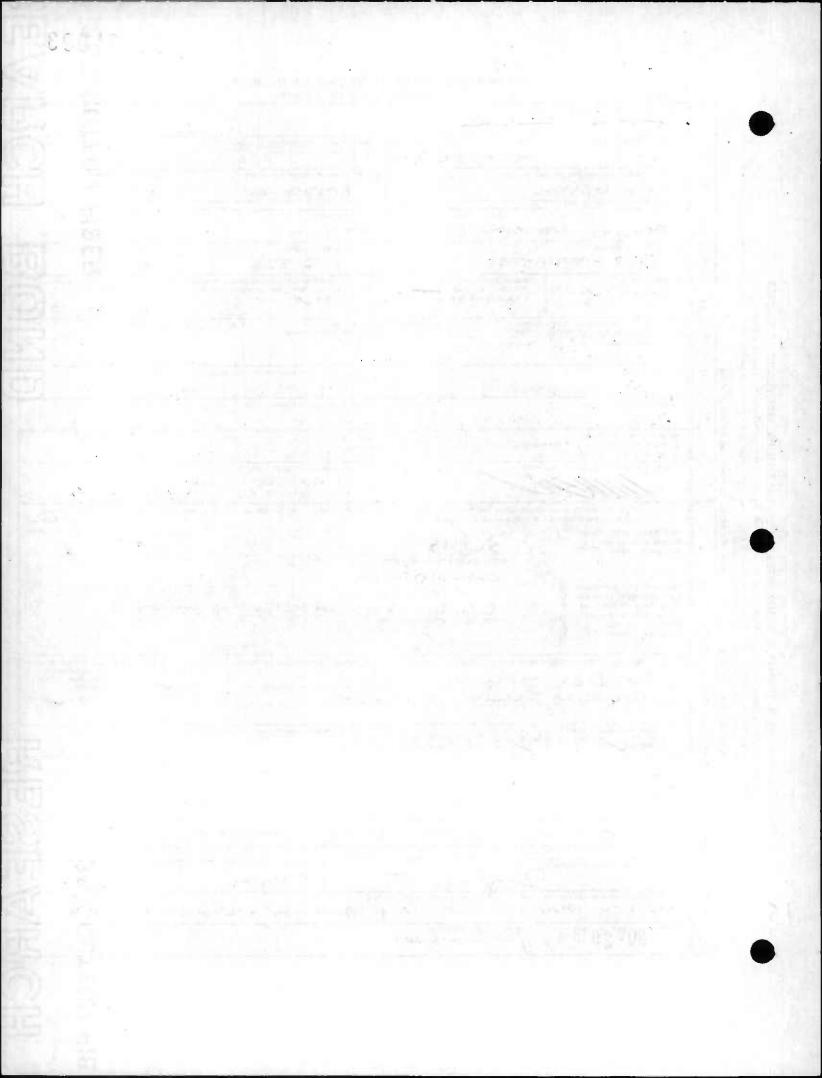
_	
-	1
2	
9	,
Z)	
D	
MC.	
-	
J	
20	1
,	
7	-
٧.	
1	
_	
2	•
~	
	1
Į	
7	
Ξ.	
_	
ш	
r	
-	
⋖	
-	1
_	
>	ŝ
	1
	1
	1
_	1
_	1
2	1
=	1
SION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
-	-1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours afer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	CERTIFI	CATE OF		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	OHN JAMES	DELORE	NZO		2. DATE OF DEATH MONTH D	AY YE	F-02		
	4. SOCIAL SECURITY NUMBER 220 - 20 - 2433		yrs. lest birthday)  7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	IRTHPLACE (State or Foreign ountry) USA				
ď.	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNTY			
DIRECTOR		CHURCH HOSPITAL BATTIMORE RATTIM								
5		SIDENCE OF DECEDENT STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 14								
E E		TIMERS CIT		10d. INSIDE CITY LIMITS?						
	10e. STREET AND NUMBER				1, ZIP CODE		1 PES 2 NO			
RA	6427 HARTWA	nt st			2122	<u>a</u>	10g. CITIZEN OF WHAT COUNT			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAA OR DAT	2.340	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)				
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU				
ETE	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)		ork done during m		TOOL TONG OF BO	SIII 2007 III 2007 I			
COMPLETED	12th Grade	college (I-4 or 5+)	Mec	hanic		Can	Compan	17		
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		У		
BEC	Charles Delorenz	0			Cati	herine Tro	mhatta			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		9)		
0	Margaret R. Delore	nzo (Wife)	6427	Hartwai	t St., B	altimore, l	Marvlan	d 21224		
	20g, METHOD OF DISPOSITION	206.1	PLACE AND DATE O	F DISPOSITION (N		DATE 20c. LO				
	1 \( \bar{A}\) Buriel 2 \( \bar{A}\) Cremelion 3 \( \bar{A}\) Remov 4 \( \bar{A}\) Donation 8 \( \bar{A}\) Other (Specify)	La La	tery. cremetory or oth keview N	herplace) [emoria]		11/30 Bal	timore	, Maryland		
2	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE		22. NAME A	ND ADDRESS OF FA	CILITY				
	23. PART t. Enter the diseases, or co			3331	Brehms 1	neral Home Lane, Balt:	imore,	Md. 21213		
CERTIFICATION	disease or condition resulting in death)  SGPSSS  DUE TO (OR AS A CONSEQUENCE OF):  CAMOLOGENLA  DUE TO (OR AS A CONSEQUENCE OF):  CAMOLOGENLA  DUE TO (OR AS A CONSEQUENCE OF):  CHOCKED CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CHOCKED CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CAL CE	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  AVAILABLE PRIOR TO COMPLETION OF CAUSE									
PHYSICIAN: MEDI	DECURITE			rum		1 _ YES 2		OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL			24.5	LACE OF DEATH (C)	nock only and				
2	EXAMINER?	HOSPITAL:	41-m 2 1 004	OTHER:						
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUBE	D		
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY W	YES 2 NO	Edd. DEGGMDE HOW	INDUNT OCCUME			
В	2 Accident Investigation 3 Suicide Could not be	28a. PLACE OF INJURY	- At home, Jarm, s			281 LOCATION (Street	and Number or B	urel Boute Number		
IE	4 Homicide 8 Could not be determined	building, atc. (Specif	28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		AN: To the best of my knowle On the basis of examination						use(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIG						29d. DATE SIG	INED (Month, Day, Year)		
		2 gry	25		0 369	D 16	126/94			
0	30. NAME AND ADDRESS OF PERSON WHO					BAUTIMON				
	31. DATE FILED HADIN, Day 19994	38 BEGISTRAR'S SIGNA	TURE					8.5		



-
20
0
č
2-0
S
*
21
_
~
0
AND
Z
Ø
=
MARYL
Œ
V
5
-
1.1
ш
Œ
0
BALTIMORE,
2
5
=
Q
2
-
0
92
00
ø
ø
ø
ø
ø
BOX 6
ø

_	
Ö	
16	
~	
3	
BOX 68	
$\hat{\circ}$	
ĕ	
O.	
P. 0.	
Ś	
$\alpha$	
RECORDS,	
C	
Щ	
Œ	
4	
Q.	
>	
Ц.	
0	
7	
DIVISION OF VITAL	
=	
S	
>	
=	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	VEHAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him to have after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremptain, or removal.	Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the part of the state bett of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)  James J.	Duffy JI	₹.			2. DATE MONT	OF DEATH	28	EARY 3.	TIME OF DEATH  740 AM
4. SOCIAL SECURITY NUMBER 220 - 20 - 1016	1 M 2 🗆 F	66 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH	1	Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give s MCVCY MCd   Cal	Center	9b.		OR LOCATION OF DE	ATH		9c. COUNTY	OF DEAT	н
10a. STATE 10b. COUNTY	TIMORE	10c. CITY, TO	WN OR LOCAT	TION					1. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 814 LOALAN AVE	NUE			21222			USA	N OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxicen 2 XNO Specify.	, Puerlo	N? (Specify Ye Ricen, atc.)	a or No — 14	Specify:	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEOENT'S USU/ (Give kind of work of life. Do NOT use retir	AL OCCUPATION Mored.)	ON st of working	166	. KIND OF BU	SINESS/INDUS	TRY	
10 YEARS	College (1-4 or 5+)	SUPERVIS			S	TATE	OF MA	RYLA	ND
17. FATHER'S NAME (First, Middle, Last)  JAMES J. DUFFY	SR.			18. MOTHER'S NAME CATHER					
198. INFORMANT'S NAME (Type/Print) MRS. MARY DUFF'				nd Number or Rural R	loute Num	ber, City or Tov	vn, State, Zip Co	222	
20e. METHOD OF DISPOSITION  1 💢 Burlel 2 🗆 Cremellon 3 🗆 Rem  4 🗀 Donation 5 🗀 Other (Specify)	201	D. PLACE AND DATE OF DIS	SPOSITION (Na	me of	DAT 12	E 20c. LC	CATION — CH	y or Town,	
A. SIGNATURE OF FUNERAL SERVICE LIC	CALINISEE	Bi	KACZ( 1201	DUNDAL!	FUI ( A)	NERAL /ENUE	HOME BALT	Ο.,	
23. PART I. Enter the diseases, or abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CONGCST  DUE TO OR AS A  DUE TO OR AS A  DUE TO OR AS A  DUE TO OR AS A  DUE TO OR AS A	A CONSEQUENCE OF:  WIC HCA A CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	+ Fa	livre	i as carr	diac or reap	Iratory arraa	t,	Approximata interval Between Onset and Death
PART II. Other algorificant condition		out not resulting in th			_	24a. WAS AN PERFO 1 YES	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C)						1	
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	28s. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY	28c. INJ WO 1 1	RK? 'ES 2 NO	28d. DES	SCRIBE HOW	INJURY OCCUP		Number,
ana)	CIAN: To the best of my know R: On the beele of examination								d menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  CHUY BUNTEU  30. NAME AND ADDRESS OF PERSON WH	nmo	ATH (ITEM 27) (Type, Print,		29c. LICENSE NUM	BER		29d. DATE S	1GNED (Mo	rith, Day, Year)
CHOIL DEMISICIND	32. REGISTRAR'S SIGN	Baltimore					_		

DIVISION OF VITAL RECORDS, P.O. BOX 687604

	Dr al	US		
	Ital	d for		
	hosp	che		6
	the	deta		10
	à	200		F
	ined	DOUR		fled
	reta	5 5		not
ì	y be	age		pe
	5 ma	100		ust
	30e	direc		E
	9.	Ela		nin
	deat	Ę		хэг
	after	y the	loval	Eal
	Urs	ű	ren	edi
	Ů.	pelli	n,	E
	The same	tely f	matio	it, th
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ecut	B	buria	atic
	e ex	an a	r to	ma
	ate	TySic	pho	r tr
	rtific	ld br	giene	othe
	th ce	endi	F. F.	6
•	e dea	he at	Wenta	uny,
	at th	by 11	and 1	y in
	s th	Ded.	afth	9
	quire	n Sig	f He	10
	w re	pee	pt. o	3 sh
	he la	has	e De	E 2
	N.	ficate	Stat	He
	SICIA	certi	the	0
	PHY	this	with	rked
	DING	After	death	E
	TEN	OR:	ffer	80
	R AT	RECT	urs a	E
	N 0	LD	2 hox	f ite
	SPITA	<b>JERA</b>	in 7	=
	HO	5	WIE	TAN
	물	ͳ	filed	20
	2	2	2	Ξ

	REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ł	1. DECEDENT'S NAME (First, Middle, Last) David John DuBo	is		2. DATE OF GEATH MONTH DAY
п	A GOODAL OFFICIALTY NUMBER			

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY VEAB 3. TIME OF DEATH															
	David John DuBois Nov. 24, 1994										м.					
	4. SOCIAL SECURITY NUME				(In yrs. las	: last birthday) IF UNDE		DAYS			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr		HPLACE (State or Foreign	
	21-09-533		1 x 2			YRS.			s Hooks Min.		Apr.	Apr.28,1		Ohi	0	
m	9a. FACILITY NAME (if not institution, give street end number)						9b. CITY, TOWN OR LOCATION OF GEATH						9c. COUNTY OF DEATH			
DIRECTOR	022 Chesapeake Road						A	nna	poli	S			Ann	ne A	rundel	
EC	10a. STATE	10b. COUNT		,			Y, TOWN		TION						10d. INSIDE CITY LIMITS?	
											1X Y					
IA!	10e. STREET AND NUMBER						101. ZIP CODE						10g. CIT	IZEN OF	WHAT COUNTRY?	
	022 Chesapeake Road							21401						USA		
L. 1 Never Married 2 Married FORCES? 1X YES 2 NO It yes, specify Cuban, Maxican, Puerto Rican, etc.)										14. RACI Black	E — American Indian, k, White, etc.					
B√	Manage and the second of the s											"y: White				
입	1 111144															
	Elamentery/Secondary (0		College (1-4 or 5	+)	life.	Do NOT us	se retired.)	-111		g						
MP	12 5+ Staff Sergeant Foreign Service											vice				
	17. FATHER'S NAME (First, M. John Allis		uBois						18. MOT			iddle, Meiden				
出	19a. INFORMANT'S NAME (1		<u> </u>		1 401	MAHIBIO	100050	0 /04				or, City or Town				
임	Erma M. Du														MD 21401	
	20a. METHOD OF DISPOSIT			201	. PLACE A	ND DATE	OF DISPOS	SITION (Na	enie of		OATE		CATION —			
	1 Donation 8 Other		oval from Stata	сел	Metr Metr	netory or o	rem	ato	ry			1			re, MD	
	21. SIGNATURE OF EUNERA	L SERVICE LI	CENSAE /	. /	11		22. H	NAME AI	ND ADDRE	SS OF FA	CILITY	1 Hor	20	D 7		
	*Vala	ck )	4 Clar	4	1		1	2 R:	i dae	lv	Ave.	Anna	apol	is.	MD 21401	
	23. PART I. Enter the d	12 Ridgely Ave. Annapolis, MD 21401  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate														
	shock, or heert feilure. List only one ceuse on each line.  Intervel Between Onset and Death															
	disease or condition	<b>→</b>	. HOEN	CAF	RUN(	AMC	OF (	JNKI	MW	1 PF	RIMAR	MARY 2			123169RS	
			DUE TO	(OR AS	CONSEC	UENCE O	F):									
CERTIFICATION	Sequentielly list condit		b DUE TO	(OR AS /	CONSEC	UENCE O	f):									
SAT	if any, leeding to imme cause. Enter UNDERLY	ING	•				,								İ	
빌	CAUSE (Disease or injuthet initieted events		DUE TO	(OR AS A	CONSEC	UENCE O	F):					·				
H	resulting in deeth) LAS	' (	d													
	PART II. Other significe	nt condition	s contributing to	deeth b	out not re	esuiting	in the u	nderiyin	g ceuse (	given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS	
EDICAL	BOWEL	085	RUCTIO	N								PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
HE I												7			OF DEATH?	
ä	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE C	F DEA	TH YE	S 🗆	NO [	UNC	ERTAIN	V 🗆	,				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER	O MEOICAL	HOSPITAL:		28. PLAC	E OF DEA	TH (Check		6. 4							
YSI	1 TYES # NO		1 Inpetiant 2		patient 3	_	4 🗆 Nu	sing Hom	$\rightarrow$	sidenca	6 🗆 Other	(Specify)				
퓝	27. MANNER OF DEATH	Pending	28e. OATE OF (Month, E			28b, TIM INJ	E OF URY	WC	DRK?		28d. OES	RIBE HOW I	NJURY OC	CURED		
₩ M	Acident Sulette	Investigation	28a. PLACE C	F INJURY	— At hor	no term	Mark ter		YES 2	NO	201   000	TION (Street	and Alcomba	r or Burnt (	Route Number,	
윤		Could not be determined	building,	atc. (Spec	cify)	, , , , , , , , , , , , , , , , , , , ,		iory, orne				Town, State)	no regnice	OF MUTEL F	node Namber,	
Ä	29a. CERTIFIER	IFYING PHYS	CIAN: To the best of	my know	ledge der	th occurr	ad at the t	lme date	and place	and due	to the caus	e/e) and man		ted.		
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(s) and menner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and placa, end due to the cause(s) end manner as stated.  29b. SIGNATURE AND TILE OF CERTIFYING  29c. LICENSE NUMBER  29d. DATE SIGNED (North, Day, Year)											s) end manner as stated.				
ЕСС																
O BE	ans	Neu	700			11	)		D:	293	73		<b>&gt;</b> 1	1/28	3/94	
F	30. NAME AND ADDITIONS O	PERSON WH	O COMPLETED CAU	SE OF OE										1	10	
	ERICJ. SEPPTER 10755 FALLS RD, SUITE 200 LUTHERVILLE, MD 21093											11/2/093				
	31. DATE FILED (Month, Day, NOV 2 9 1994		32. REGISTRA													
- 6	11010 0 133.	1 jun	C SP TURNESA'	MACA	1											

IYEMS: 23 PART I. 27. PER MEO FILM G-719 1/19/95 t.t

SCHA THE INSTITUTE IN requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ECOUNTAINED SET BENDED OF THE BENDED OF THE ALTERNATE OF THE PROPERTY OF TH BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL TO THE FUNERAL De filed within E. N. IMPORTANT

	11 EMS: 23 PAR1 1,														
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		ICATE				MENTA	L HYGIEN REG. NO					
- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	3	TIME OF DEATH		
	GARDNER	L.				DE	LK	NC		BER 2	Δ 1	YEAR 9.4	3.35 pM		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER			OF BIRTH		B. BIRTHPL	ACE (State or Foreign		
	213-86-1210	1 X M 2 🗆 F	24	YRS.	MONTHS	DAYS	HOURS	MIN.		N, 12,	970	Country)	MD		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN C	R LOCATION	ON OF DE		0, 10,	7	TY OF DEA			
DIRECTOR	4003 GLEN AVEN	UE			BALTIMORE										
당	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I				111							
E	NA D		10d. INSIDE												
51	10e, STREET AND NUMBER	DI	BALTIMOLE 12 YES												
R	4003 GLEN		31315												
FUNERAL	1). MARITAL STATUS	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American In												
	1 Never Merried 2 Married	NO	It yea, specify Cuban, Maxican, Puerto Rican, atc.) Black, Whita, at												
B	3 Widowed 4 Divorced	11 120, 0112	WAR OR DATES			∐ TES	X	Specify	c:		Specify BLACK				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OC	USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Work done during most of working									
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)		at or working	y							
MP	12+h			JUE	ERK										
8	17. FATHER'S NAME (First, Middle, Last)	1					18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Sumame)				
B	- 1111211	4N 176	ELK				MA	RUA	DIN	DE M	ART	>			
5	19a. INFORMANT'S NAME (Type/Print)	. ^ .	19	b. MAILING	NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	DENA WARD- 1	911		100	3 Gi	EN	twe	. 0	ALT	0. N	4	212	15		
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Reme	oval from State	20b. PLACE	ematory or o	ther piecel	TION /Na	me of		DAT			City or Town			
	Find new PARK 11-30-94 BALTO. Md.														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH FUNERAL HOME-WEST														
	Thema D. Datt 4300 WABASH Are. BALTO, MD. 21215														
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,  Approximate														
	ahock, or Neart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death														
	disease or condition reaulting in death)	ARNOLD C	HIARY SYND	DROME											
	2 7 7	DUE TO	(OR AS A CONSE	OUENCE O	F):										
N	Sequentially list conditions.	h													
CERTIFICATION	If any, laading to immediata	DUE TO	(OR AS A CONSE	OUENCE O	F):										
5	CAUSE. (Disease or Injury  C.  DUE TO (OR AS A CONSEQUENCE OF):												-		
Ē	that initiated events resulting in death) LAST		(on no n conde	OULHUL U	. ,.										
B		1											+		
AL	PART II. Other significant condition	a contributing to	death but not i	resulting	In the un	darlying	causa ç	iven in	Part I.				ERE AUTOPSY FINDINGS AILABLE PRIOR TO		
8	COM										OMPLETION OF CAUSE DEATH?				
MEDICA											YES 2 NO				
ż	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF DEA	TH Y	ES 🗆 N	10 🗆	UNC	ERTAIN	۷ 🗆						
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA	TH (Check of										
YS	YES 2 NO	1 Inpatient 2		_	4 🗆 Nurs		5 Ty Re	aldenca	8 🗆 Othe	r (Specify)					
표	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIME OF 28c. IN.			URY AT 26d. D			DESCRIBE HOW INJURY OCCURED					
B	2 Accident investigation		M		ES 2 _	NO									
<b>a</b>	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At ha etc. (Specify)	ma, tarm,	street, facto	ery, office	•		281. LOC City	or Town, State)	and Number	or Rural Rou	e Number,		
COMPLETED	29e. CERTIFIER								-						
d N	(Check only														
8	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							onth, Day, Year)					
2	manure 11	10010					0	.C.	M.E	. NOV	EMBE	R 26	, 1994		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	MARGARITA KORELL M.D. 111 Penn Street, Baltimore, Maryland 21201  31. DATE FILED (Monifo, Day, West) 32. REGISTRAR'S SIGNATURE														
	NOV 2 9 1994	AL AL	LICE ROND												
	1.01	Jana wave	MONTH MANGE	Ц											

•	
0	
9	
687	
8	
9	
×	
BOX	
m	
_	
-	
Ö	
α.	
ഗ	
$\cap$	
≂	
<u>u</u>	
0	
RECORDS,	
$\simeq$	
ш	
Œ	
_	
/ITAL	
<b>–</b>	
=	
OF	
$\overline{}$	
$\mathbf{\circ}$	
7	
=	
SION	
10	
U)	
$\leq$	
_	_

	STATE OF M			OF HEALTH AND		HYGIENE REG. NO.
rst, Middle, Lest)	9.4.	110-01	ñ		2. DATE O	F DEATH DAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA			MENTAL HYGIEN		
7	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
- 3		John Alfred	Downe	//		November	32 /00/1	2:20 P. M
1	4. SOCIAL SECURITY NUMBER 5	i. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
97		× 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1		NTHS DAYS	HOURS MIN.	(Month, Day, Year)	Count	try)
1	9e. FACILITY NAME (If not institution, give stree	7 1				July 30, i		ryland
or					R LOCATION OF DE	EATH	9c. COUNTY OF	
DIRECTOR	Mercy Medical C	enter		Baltimo	re		_=====	
EC	10a. STATE 10b. COUNTY		10c CITY T	OWN OR LOCATI	ION			10d. INSIDE CITY
E	Maryland =====			timore				LIMITS?
	100. STREET AND NUMBER		Duc					1 X YES 2 NO
RA		1.1 520		101.	ZIP CODE		10g. CITIZEN OF	
FUNERAL	600 Light Street				2/230		U.S.+	1.
5	11. MARITAL STATUS  1 Never Married 2 X Married	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 X YES 2	ARMED NO	13. WAS DECE	ENDENT OF HISPAN ecity Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14. RAC Blac	E — American Indian, ck, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specifi		Spec	
	A1171	World War II						wilce
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	Give kind of work	done during mos	N it of working	16b. KIND OF BUS	SINESS/INDUSTRY	
۳		College (1-4 or 5 +)	ife. Do NOT use re			0 11.	C · 1	
Ā	10th	/	Police (	Jilcen			nore City	f
8	17. FATHER'S NAME (First, Middle, Last)	//. 2				ME (First, Middle, Malden	,	
BE		lliam Downey				ina Aller		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street ar	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
-	Anna F. Downey		600 Li	ght Sti	reet Apt	. 529, Bal	timore, I	Md. 21230
	20a. METHOD OF DISPOSITION		EANDDATEOFD			DATE 20c. LO	CATION — City or To	own, State
	1 Remova 4 Donation 5 Other (Specify)	cometery, o	Land Ve	eterans	Ceml	11/25 Cno	ownsville	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE						
	Kuchard	ET X Jan	1)	George	e y. yon	ce Funeral	Home P.	A.
						Hwy. Balt		d. 21225
	23. PART I. Enter the diseases, or con	nplicatione thet caused the out only one ceuse on each lie	deeth. Do not	enter the mod	de of dyling, suc	h aa cerdiac or reapi	ratory arreat,	Approximate
	IMMEDIATE CAUSE (Finel	-				20		Onset and Deeth
	disease or condition resulting in death)	Aprit, m	MAC	and,	00 100	Panala.	4	1
	reducing in death)	DUE TO (OR AS A CONS	EOUNCE OF):			we cal-	7	menic
z		DUE TO (OR AS A CONS  OULT TO (OR AS A CONS  DUE TO (OR AS A CONS	Dave	fie c.	77 1MA	n- de	1001.	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONS	EOUENCE OF):					
S	cause. Enter UNDERLYING							
正	CAUSE (Diseese or Injury thet initiated events	DUE TO (OR AS A CONS	EOUENCE OF):					
E	resulting in deeth) LAST							
씽								
A	PART II. Other algnificent conditions of	ontributing to death but not	reculting in t	he underlying	cause given in	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	adult onse	mon-luxe	lundo	pende	I deal	1 U YES 2	III CO	COMPLETION OF CAUSE
ij.	mellitur with	arbrosel	enotice	serake	roldese	au		OF DEATH?  1  YES 2 NO
	DID TOBACCO USE CONTRIB			D NO D	UNCERTAIN		1	1  169 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		ACE OF DEATH (		OIACEKIAII	4 🗆 📗		
$\frac{6}{2}$	EXAMINER?	IOSPITAL:	0	THER:				
<u>×</u>	1 YES 2 NO 1	Inpetient 2 M ER/Outpetient	_			a 🗆 Other (Specify)		
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WOF	RK?	28d. DESCRIBE HOW II	NJURY OCCURED	
BY	2 Accident Investigation				ES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, stree	et, fectory, office		28f. LOCATION (Street a City or Town, State)	ind Number or Rural i	Route Number,
	4   Homicide determined				_			
교	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred a	t the time, date	end place, and due	to the cause(a) and man	iner as stated.	
COMPLET		On the basis of examination end/o						s) end menner as stated.
	IND SIGNATURE AND TITLE OF CENTURE	0.0						
BE	tours (VC)	00-000	140		29c. LICENSE NUN	0 (	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF BERSON WHO'C	AND SUR	<u> </u>	-13	17011	86	1117	42-67
.	ALLORA OF COM	CAGER M.D. =	21) (Type, Pril	1. VLV	ENS ALL	E. RIM	2 L.	21279
	MACKETYCE ICO (NE	9	A6.23	un		- I WALL	ره الم	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
	NOV 2 9 1994 July	La Davidson Rardall						

 BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	S	TATE O	F MA	RYLAN	ID / DI	<b>EPARTMI</b>	ENT OF	HEALTH	AND	MENTAL	HYGIENE
119	4/3	PEK	MEU	LIFA	6-717	11/29	/94 L.	T.			

						Н						
1. DECEDENT'S NAME (First, Middle, Las	10)		200				2. DATE	OF DEATH	AY	YEAR	3. TIME O	F DEATH
CLARENCE	E E. D	AVIS	JR.				NOV.			194	080	O A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 2			OF BIRTH		S. BIRTH	IPLACE (Sta	nte or Foreign
217-66-3546	1 € M 2 □ F	3		ONTHS DAYS	HOURS	MIN.		20,	1956	MAR	w XYLANI	D
Sa. FACILITY NAME (If not institution, give	street and number)			ib. CITY, TOWN	OR LOCATIO			20,		NTY OF DEATH		
MARYLAND GENER	RAL HOSPIT	AL		BALTIMORE CITY				BALT			IMORE	
RESIDENCE OF DECEDENT						_						
10s. STATE 10b. COUR	YTY		10c. CITY,	TOWN OR LOCA	TION						10d. INSIC	DE CITY
MARYLAND	BALTIMORE			BALTI	MORE	CITY					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER				1	t. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUN	
1921 EUTAW PLACE	E. APT. D2			21217					T	JSA.		
11. MARITAL STATUS	12. WAS DECEDENT		ARMED	12 WAS DE	CENDENT OF	MICDAN	IC OBIGIN	17 (Specify Yes				and the state of
1 Never Married 2 Married	FORCES? 1	YES 2	NO	It yes, s	pecify Cuban	, Maxicar	, Puerto I		or No	Bieci	E — Americ k, Whita, at	e.
3 🐰 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1 U YE	8 2X NO	Specify.				Spec BL/		
15. DECEDENT'S EI	DUCATION	160	DECEDENT'S US	ELIAL OCCUPAT	ON		1 465	KIND OF BU	DINIEGO (INIE		1CK	
(Specify only highest gra	ide completed)		(Give kind of wor	rk done durina n	ost of working	7	100	KIND OF BU	SINE SS/INL	JUSINI		
Elementary/Secondary (0-12)	College (1-4 or 5+	)		ENANCE	LIODEE	D		HOUS	TNC	DED	ARTME	MTT
11th GRADE			MAINIE	SNANCE						DEF	AKIFIE	MI
17. FATHER'S NAME (First, Middle, Last)		DANTE						Viddle, Maiden		7 4 00 77 7	TATO	
CLARENCE		DAVIS			FLO	RENC	Œ		V	VATK	LNS	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AI									
ELOISE MART	IN		5929 JO	OHNNYC A	KE RO	AD,	BAL	CIMORE	, MAI	RYLAI	ND 21	207
20a. METHOD OF DISPOSITION		20b. PLAC	EAND DATE OF	DISPOSITION (	lame of		DAT	E 20c. LO	CATION -	City or To	wn, State	
1 X Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	imoval from State	GARRISON FOREST CEMETERY 11-21-94 OWINGS MILL							AILLS	S, MA	RYLAN	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF FACILITY									
	1 8			JOSEI	H H.	BROV	IN JI	R. FUN	ERAL	HOMI	E, P.	Α.
1 Decha	LINE	1913 W. BALTIMOR						ST.	RALTI	IMORI	E. MD	. 212
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. PNEUMONI	se on aech li	daeth. Do not ine.			_	_				App	roximate rval Betweet and De
shock, or heart failure immediate cause. Enter UNDERLYING	a. PNEUMONI DUE TO	Se on sech II	ne.			_	_				App	rval Betwe
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. PNEUMON:  DUE TO  DUE TO	I A (OR AS A CONS	SEOUENCE OF):			_	_				App	rval Betwe
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	o ea card	llec or resp	iratory ari	reat,	App inte Ons	eval Betweet and De
shock, or heart fellun immediate condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	o ea card		ratory and	reat,	Appinte Ons	opsy findin
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated cause.	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	o ea card	liec or resp	AUTOPSY	reat,	Appinte Ons	opsy Findin To no of Carlo
shock, or heart fellun immediate condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	o ea card	llec or resp 24a. WAS AN PERFOI	AUTOPSY	reat,	Appinte Ons	opsy Findin To no of Carlo
shock, or heart fellun immediate condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	o ea card	llec or resp 24a. WAS AN PERFOI	AUTOPSY	reat,	Appinte Ons	OPSY FINOIR PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER	a. PNEUMONI DUE TO  b. DUE TO  c. DUE TO  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS	SEQUENCE OF): SEQUENCE OF):	t enter the m	oda of dyir	ng, auch	Part I.	24a. WAS AN PERFOR	AUTOPSY	reat,	Appinte Ons	OPSY FINOIR PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions FATTY LIVER	a. PNEUMON:  DUE TO:  C. DUE TO:  DUE TO:  d	IA (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in	t enter the m	ode of dying course gl	lven in i	Part I.	24a. WAS AN PERFOI	AUTOPSY	reat,	Appinte Ons	OPSY FINOIR PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. PNEUMON:  a. PNEUMON:  DUE TO:  b. DUE TO:  d. DUE TO:  d. DUE TO:  HOSPITAL: 1   inpetiant 2    28a. DATE OF	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	the undariyle  26. I  THER:  Nursing Ho  DF 28. III	Dda of dying couse given by the course gin given by the course given by the course given by the course giv	lven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY MMED?	246	Appinte Ons	OPSY FINOIR PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Fine) disease or condition and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Noter of DEATH  1 Noter of DEATH  1 Noter of DEATH	a	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in	the undarlyle  26. I  OTHER: Nursing Ho  OF 28c. III	ng ceuse gl	lven in i	Part I.	24a. WAS AN PERFOI	AUTOPSY MMED?	246	Appinte Ons	OPSY FINOIR PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 (Natural 5 Pending Investigation	a. PNEUMON:  a. PNEUMON:  DUE TO:  b. DUE TO:  d	(OR AS A CONS (O	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): or resulting in  3 □ DOA	the undarlyle  26. I  THER: Nursing Ho  NY  M  1	Dada of dying course glasses of December 5 Resultant ORK?	lven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY RMED?	24b	Appinte Ons	OPSY FINDIN PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	aPNEUMON] DUE TO  bDUE TO  cDUE TO  d  DOBS contributing to  HOSPITAL: 1 □ Inpetient 2 □  28e. PLACE OF	(OR AS A CONS  (OR AS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	the undarlyle  26. I  THER: Nursing Ho  NY  M  1	Dada of dying course glasses of December 5 Resultant ORK?	lven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY MMED?  I NO	24b	Appinte Ons	OPSY FINDIN PRIOR TO ON OF CAUS?
shock, or heart fellum in the property of the	aPNEUMON] DUE TO  bDUE TO  cDUE TO  d  DOBS contributing to  HOSPITAL: 1 □ Inpetient 2 □  28e. PLACE OF	(OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (OR AS A CONS  (ER/Outpatient  INJURY  INJURY  INJURY  FINJURY — At	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): or resulting in  3 □ DOA	the undarlyle  26. I  THER: Nursing Ho  NY  M  1	Dada of dying course glasses of December 5 Resultant ORK?	lven in i	Part I.	24a. WAS AN PERFOR 1 SyES 2  o)  or (Specify)  GCRIBE HOW I	AUTOPSY MMED?  I NO	24b	Appinte Ons	OPSY FINDIN PRIOR TO ON OF CAUS?
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	aPNEUMON] DUE TO  bDUE TO  cDUE TO  d  DOBS contributing to  HOSPITAL: 1 □ Inpetient 2 □  28e. PLACE OF	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (FINJURY — At astc. (Specify)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3  DOA  4 28b. TIME ( INJUR	t anter the m  26. I  THER: Nursing Ho  OF Y M 1   set, factory, off	PLACE OF DECEMBER 5   Resulting States   Resulting	Iven In I	Part I.	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MMED?  I NO  NJURY OCH	24b	Appinte Ons	OPSY FINDIN PRIOR TO ON OF CAUS?
shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition =   Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 (Natural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29e. CERTIFIER (Check only 1 CERTIFYING PH)	aPNEUMON]  BDUE TO  DUE TO  DUE TO  CDUE TO  d  DOES CONTributing to  HOSPITAL: 1 □ Inpetient 2  28s. DATE OF  Month, Do  28s. PLACE Of building,	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no FINJURY FINJURY — At stc. (Specify)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	t anter the m  26.1  THER: Nursing Ho  OF 28c. Ih  Y M 1  set, factory, off	Dda of dying couse glasses of the state of December 5 - Resultant August 2 - Cee	Iven In I	Part I.  Ck only on  B Other  28d. DES  28t. LOC  City	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MMED?  I NO  NJURY OC	24b  CUREO  or Rural I	WERE AUTHORIZED TO PERSONNEL TO	OPSY FINOIN PRIOR TO ON OF CAUS 7 2 NO
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 (Natural 2 Accident 3 Suicide 4 Homicide  1 CERTIFFING PH  Check only 1 CERTIFFING PH	a	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no FINJURY FINJURY — At stc. (Specify)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	t anter the m  26.1  THER: Nursing Ho  OF 28c. Ih  Y M 1  set, factory, off	Dda of dying couse given by the state of DE couse given by the	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OCC  and Number	24b CURED r or Rural I	Appinte Ons  Were Authorized Amaria Bite Completing of Death:	OPSY FINDIN PRIOR TO ON OF CAUS? 2 NO
shock, or heart fellum immediate cause (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in the cause of the ca	a	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no FINJURY FINJURY — At stc. (Specify)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	t anter the m  26.1  THER: Nursing Ho  OF 28c. Ih  Y M 1  set, factory, off	Dda of dying couse glasses of the state of December 5 - Resultant August 2 - Cee	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OC  and Number  and due to the	24b  CUREO  or Rural I	Appinte Ons  Were Auth Awalable COMPLETH DF DEATH: 1 PYES  Route Number	OPSY FINDIN PRIOR TO ON OF CAUS OF,
shock, or heart fellum idleses or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. PNEUMON:  a. PNEUMON:  DUE TO:  b. DUE TO:  c. DUE TO:  d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Of resulting in  28b. TIME ( INJUR  home, farm, streeth occurred for investigation,	t enter the m  26. I  THER: Nursing Ho  F 28c. II  Y  M 1  net, factory, offi	Dda of dying couse given by the state of DE couse given by the	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OC  and Number  and due to the	24b CURED r or Rural I	Appinte Ons  Were Authorized Amaria Bite Completing of Death:	OPSY FINDIN PRIOR TO ON OF CAUS? 2 NO
shock, or heart fellum immediate cause (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in the cause of the ca	a. PNEUMON:  a. PNEUMON:  DUE TO:  b. DUE TO:  c. DUE TO:  d	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): of resulting in  3	the undariying the un	Dda of dying couse given by the course gincome given by the course given by the course given by the course	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OC  and Number  and due to the	24b  CUREO  or Rural I	Appinte Ons  Were Auth Awalable COMPLETH DF DEATH: 1 PYES  Route Number	OPSY FINDIN PRIOR TO ON OF CAUS OF,
shock, or heart fellum iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi  FATTY LIVER  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON N	a	GRAS A CONSTITUTE OF DEATH (I	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Of resulting in  3  DOA  4 28b. TIME ( INJUR  Abome, farm, street  death occurred for investigation,	the undariying the un	Dda of dying couse given by the state of DE couse given by the	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OC  and Number  and due to the	24b  CUREO  or Rural I	Appinte Ons  Were Auth Awalable COMPLETH DF DEATH: 1 PYES  Route Number	OPSY FINDIN PRIOR TO ON OF CAUS OF,
shock, or heart fellum idleses or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no death but no	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):  It resulting in  3  DOA 4  28b. TIME (INJUR  Home, farm, streeth occurred for investigation,	the undariying the un	Dda of dying couse given by the course gincome given by the course given by the course given by the course	Iven In I	Part I.  Part I.  20th Color City  to the cautime, data	24a. WAS AN PERFORM 1 Street or Town, State)	AUTOPSY MED?  I NO  NJURY OC  and Number  and due to the	24b  CUREO  or Rural I	Appinte Ons  Were Auth Awalable COMPLETH DF DEATH: 1 PYES  Route Number	OPSY FINDIN PRIOR TO ON OF CAUS OF,

use as the burial-transit permit. Pages 1, 2, 3 should

detached for

the funeral director, page 5 should be

or removal.

the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo

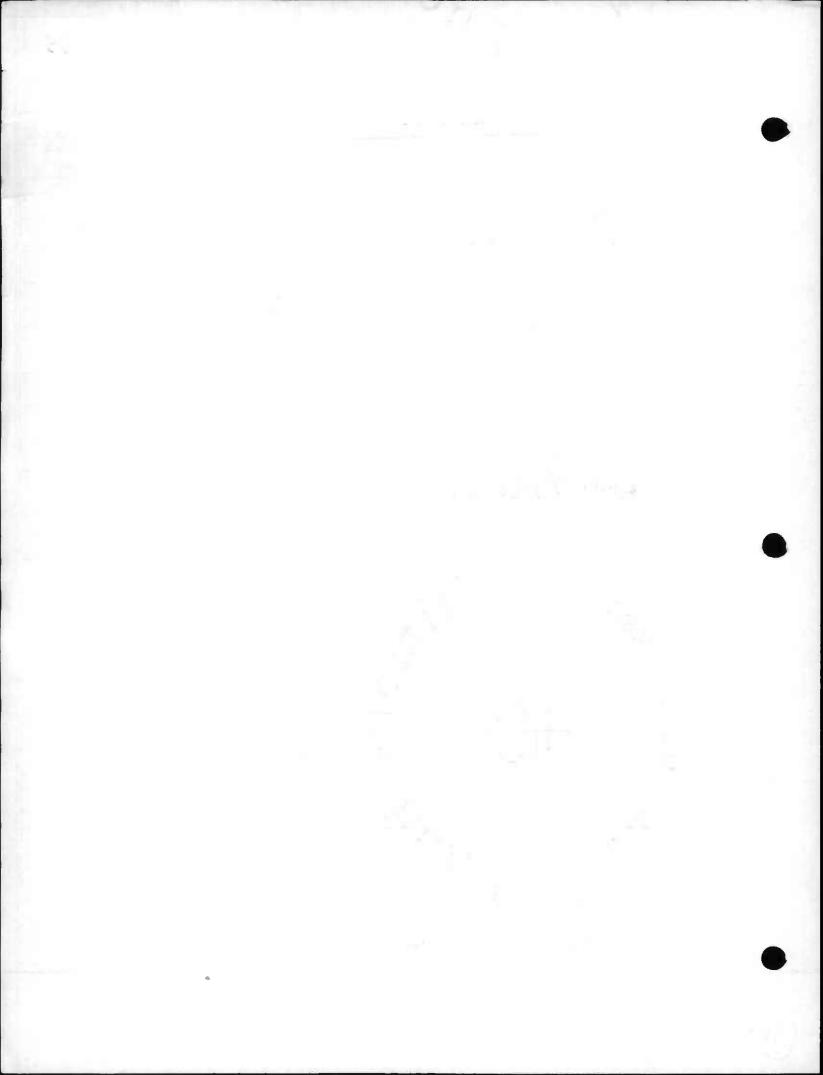
	24	1	ion,
60,1	within	npietely	сгетаt
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
ŏ	9	ician	ior to
0	ficate	phys	ne pr
0	certi	guipu	Hygie
ις.	death	atte	entai
Ö	t the	by the	M Du
Ö	s tha	peut	alth a
M	equin	en sig	of He
_	aw r	as be	ept.
¥	THE STREET	ate h	tate
>	CIAN	ertific	the S
ō	PHYS	this c	With
O	DING	After	death
S	TEN	TOR:	after
2	OR A	DIREC	OURS
	TAL	RAL	72
	HOSP	FUNE	within
	뿔	뿔	filed
	-	-	-

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MARY ELIZABETH EKLOF 2. DATE OF DEATH MONTH 3. TIME OF DEATH 4:45 RM 2 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH Sept. 21, 1911 County Maryland 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 204-56-6350 83 1 🗆 M 2 🕸 Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 717 Maiden Choice Lane ST118 DIRECTOR Catonsville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Catonsville 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 717 Maiden Choice Lane ST118 21228 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify, Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 PM NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
2 Widowed 4 Divorced Specify: White ВҰ COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Stephen Collinson Beard Bertha Taylor Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William Dennis Eklof 176 Pleasant St. Arlington, MA 02174 be OATE 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 □ Burlal 2 ♣ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Metro Crematory, Inc. 11/28/94 Baltimore, MD 4 ☐ Donation 6 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, Inc.
299 Frederick Rd. Baltimore, MD 21228 examiner 21. SIGNATURE OF PUNERAL SERVICE MICE Dawn F. McDona medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** traumatic event, the CANCER disease or condition resulting in death) LUNG 4 MONTHS CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? shows any CORONORY ANTERY DISEASE 1 TES 2 DONO 1 | YES 2 | 10 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 PANO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 - Other (Specify) 6 27. MANNER OF CEATN 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is Could not be determined COMPLETED 4 Homicide Hem 29e. CERTIFIER (Check and) 1 SCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL

TO THE FUNERAL I

Be filed within 72 h

IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 194 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RARETT 711 MAIDEN CHOICE LANE CATANOVILLE 31. DATE FILED (MONTH, Day, 1994 2 REGISTRAR'S SIGNATURE



should

Pages 1, 2, 3 s

permit.

once.

Ħ

notified

Pe

must

medical examiner

the

event.

traumatic

or other

shows any

23

0

marked,

28 Is

Hem

2

31. DATE FILE A A ONLY

g 1994

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

fureral director, page 5 should be detached for use as the burial-transit uns area dearn. Page 6 may be retained by the hospital or attending physician, the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. signed by the has been 0 Dept. OR ATTENDING PHYSICIAN: The law this certificate h After death DIRECTOR: / TO THE FUNERAL I be filed within 72 h IMPORTANT: If II HOSPITAL THE F 223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 230 David Fader 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Fore 1 W M 2 - F Russia 04/01/ 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Baltimore MD DIRECTOR Baltimore Bathmore 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Bathmore 1 YES 2 NO LANE FUNERAL 10e. STREET AND NUMBER UDBROOK 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21208 on Home United **YESING** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried If yes, specify Cubah, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: IF YES, GIVE WAR OR DATES Specify. В 3 Widowed 4 Divorced hite ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Salesperson Heating Airconditioning 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Paul Fader Distiller Risa BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) ဝ Stuart Joffe 3104 Labyrinth Rd Baltimore MD 21208 20e. METHOD OF DISPOSITION
tX Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE 4 Donetion 5 Other (Specify) Hebrew Friendship Nov 27 1994 Baltimore MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. man 6010 REISTERSTOWN ROAD BALTIMORE MD 2121 AX PART Lifenser the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Heart Failure CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DE) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? Aleumonio 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER?
1 YES 2 NO HOSFITAL: atlent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending 1 YES 2 NO В Investigation 2 Accident 26e. PLACE OF INJURY — At home, lerm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

Hospital

ipai

FOF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRARIO SIGNATURE

· · 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should permit. 1 burial-transit Page 6 may be retained by the hospital or attending physician. I director, page 5 should be detached for use as the burial-tran. the funeral director, physician and completely filled in by ne prior to burial, cremation, or remo Hygiene prior to the attending p has been : Dept. of h r this certificate hi After t DIRECTOR hours after FUNERAL within 72 h

Item#1,16b Per F.H. Film# G-717 11/29/94 R.M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) CHELL 2. DATE OF CEATH 3. TIME OF DEATH HEHEH ever :00 A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH BIRTHPLACE (State or Foreign (Month, Day, Yo. Jan 9, 1 X M 2 T F DAYS HOURS New Jersey YRS 142-34-2479 50 1944 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County Hospital Carroll Westminster RESIDENCE OF DECEDENT 10a STATE 10h COLINT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Carroll Westminster MD 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 153 W. Main Street 21157 US 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 21 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Ric 1 TES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) JEWELRY Elementary/Secondary (0-12) College (1-4 or 5+) Jeweler Jewollry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sun Anita Kahn notitied at Leon Feuer H 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1603 Abaco Dr Apt 2 Coconut Creek FL 33066 Anita Feuer pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 ☐ Donation 5 ☐ Other (Specify) Hilltop Service Corp. 11/28/94 Towson MD 21. SIGNATURE OF FUNERAL SERVICE LICEN medical examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter this diseases, or complications that caused the death. Do not enter this mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finsi** Onset and Death the disesse pr condition systole resulting in death) other traumatic event, TO (OR AS A CONSEQUENCE OF) Cardiomyopathy Schemic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO L'UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 TO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED is marked, 1 Antural 1 YES 2 NO ВУ Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 200 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ee stated. -2 \_\_ MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Da BE 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Westmins KimD CCG H

32 REGISTRAR'S SIGNATURE

29

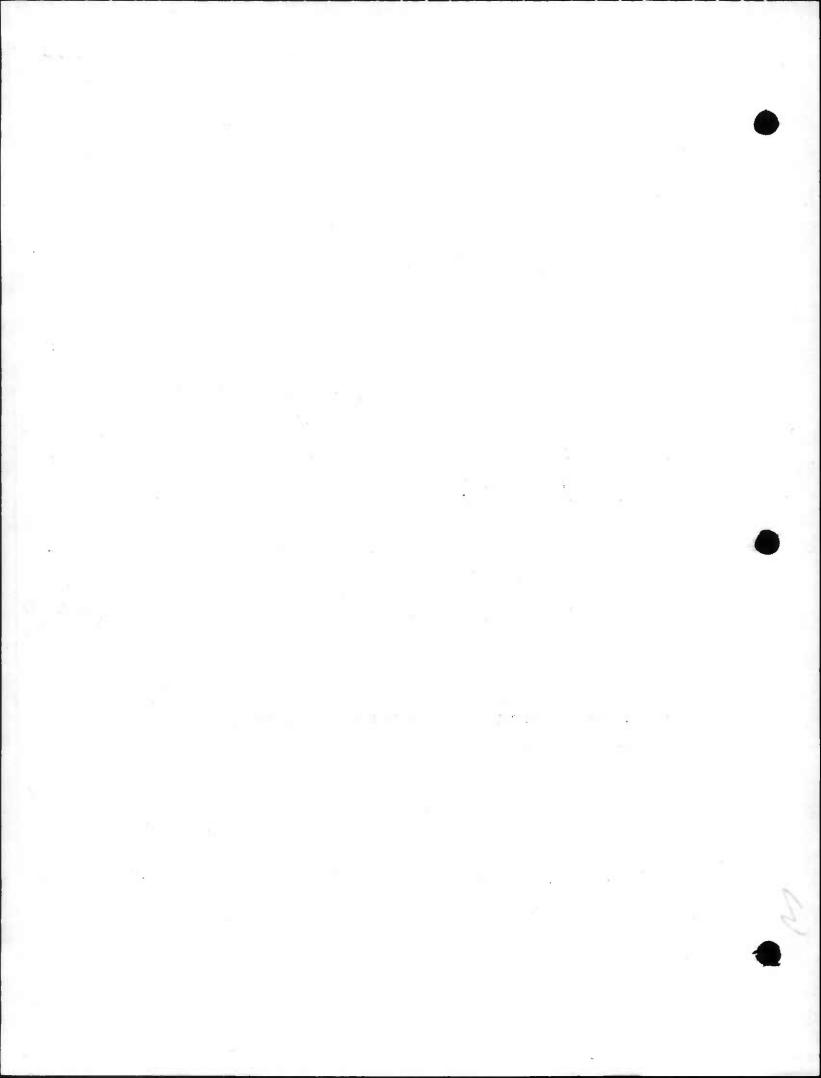
BALTIMORE, MARYLAND 21215-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		NTAL HYGIEN REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF OEATH		3. TIME OF OEATH
. 3	DiAne	Fo	20			MONTH DA	011	2304 M
				UNDER I YEAR IF UNDER 2		DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
	66-0660	1 M 2 K F	YRS.	NTHS DAYS HOURS	MIN.	1/19/53	s MAT	ŘÝLAND
~	9a. FACILITY NAME (If not institution, give stre UNION MEM		PITAL	BALTIMOR			9c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT	OKIAL HUSP	TIAL	DALTINUK	ITY n/a			
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
PHO	MARYLAND BALL	o City	BA	HIMORE				LIMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2809 ERDMAN	AVE		212	13		U.S.	
N N		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF If yes, specify Cuban,			or No- 14, RA	CE — American Indian, ck, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TES 2 NO		perto Mican, etc.)	Spe	icify:
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S US	I COCUPATION		ARL WHID OF BUILD		BIACK
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)		done during most of working		16b. KIND OF BUS	INESS/INDUSTRY	
7	12th	College (1-4 or 5+)	NO	UE		DIS	ABLED	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	ER'S NAME (	First, Middle, Maiden	Surname)	
BE C	JAMES BAYNE				ALIC	E FORD		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number of	or Rural Route	Number, City or Town	n, Stete, Zip Code)	
F	BERTHA GRE	ENE	2809	ERDMAN AVE	NUE,	BALTIMOR	E, MD	21213
	20a. METHOD OF DISPOSITION 1√√ Burial 2 ☐ Cremation 3 ☐ Remov		PLACE AND DATE OF D		I	DATE 20c. LO	CATION — City or	Town, State
	Surial 2 Cremation 3 Remov		ALTIMORE	CEMETERY			IMORE, 1	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS				
- 1	Maren	m. 7	voer.	WM. C. MA				TH AVENUE
	23. PART I. Enter the diseeses, or co shock, or heart failure. Li	mplicetions that ceused at only one ceuse on er	the death. Do not	anter tha moda of dyin	g, auch as	cardiac or reapi	ratory arreat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final	00		010				Onset and Death
	disease or condition resulting in death) a.	CHROKE	enewa	l paile	26			2425
		DUE TO (OR AS A	CONSEQUENCE OF):	a un mad				000
CERTIFICATION	Sequentially list conditions, b.	DUE TO JOR AS A	CONSEQUENCE OF:	nemia		0 .	1	uge
AT	If any, leading to Immediata ceuse. Enter UNDERLYING	and So	nd Po	NAVILLO	121	Chela		leap
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO OR AS A	CONSEQUENCE OF):	yearly.	Cervi	7,000		10
E	resulting in daeth) LAST			/				
	PART II. Other significant conditions	contributing to death by	at not casulting in t	he underlying cause of	van In Pari	I. 24n. WAS AN	AUTOBEY	b. WERE AUTOPSY FINDINGS
CAL	Herre alle	are into	otrol	ne underlying couse gr	ven in ran	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	Hort	ex wige	ance			1 - YES 2	Ж но	DF DEATH?
Σ	DID TOBACCO USE CONTRI	BLITE TO CALISE O	E DEATH VEC	E NO MI UNCE	RTAIN [	_		1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		KIAIN			
Sic		HOSPITAL:	0	THER:  Nursing Home 5 Real	Idence 8 🗆	Other (Specify)		
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJURY AT		J. DESCRIBE HOW IN	JURY OCCURED	
ВУР	t Natural 5 Pending 2 Aboldent Investigation	(Month, Day, Year)	INJURY	WORK?	NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	it, factory, office	281	LOCATION (Street a City or Town, State)	nd Number or Rura	Route Number,
COMPLETED	4 Homicide determined							
7		AN: To the beat of my knowle	edge, death occurred a	t the time, date and place, a	and due to th	he cause(a) and men	ner ea atated.	
O	2 MEDICAL EXAMINER:	On the basic of exemination	and/or investigation, is	n my opinion, death occured	d at the time	, date and place, and	due to the ceuse	(a) and manner ee stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIER)	2 0			ISE NUMBER	4 4 4	29d. DATE SIGNE	(Month, Day, Yylar)
TO B	Hamuel Ch	aracko		$\mathcal{D}_{c}$	030	508	► 11/	27/94
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	и)				
	31. DATE FILED (Month, Day, Year) NOV 2 9 1994 July	32 REGISTRAR'S SIGN	all'					
	MUVE JUJU	300						

## Item # 20b ,20c film # G 718 12-12-94 N.A. Per Funeral Home FOR STATE OF MARYI AND / DEPARTMENT OF USALTY

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		CE	ERTIFICATE	0	F DEAT	H		REG.	NO.

	1 - STATE REGISTRAR	- UNITED INTERIOR			OF DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last)	FREEL	ANI	>		2. DATE OF DEATH	7 199	3. TIME OF DEATH			
		3737	vrs. last birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	G	IRTHPLACE (State or Foreign			
	214-50-2739  9a. FACILITY NAME (If not institution, give stre	4/	1110.	9b. CITY, TOV	VN OR LOCATION OF D	12-21-4	9c. COUNTY C	BALTO.MD.			
DIRECTOR	SINAT HOSPITAL			BAL	TIMORE C	ITY					
3EC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	OCATION			10d. INSIDE CITY			
	MD.		BA	LTIMO	RE CITY			1X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?			
NEF	2906 EDGECOM				21215		USA				
BY FU	XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 🔯 NO	If yea	DECENDENT OF HISPAI a, specify Cuben, Mexico YES 2X MO Specific	y:		RACE — American Indian, Black, Whita, etc. Specify: LACK			
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		Ba. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	SINESS/INDUSTR				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	g most of working						
MP		NKNOWN I	HOUSEK	EEPER	/COOK						
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,				
BE		<del></del>	105 MAIL IN	A PROPERCY (C)	NATALI	E TRUIT  Route Number, City or Tow	-				
2	CHANDLER NEWMA	N		KOKO		LTO. MD.	21216				
	20a. METHOD OF DISPOSITION	20h DI	LACE AND DATE				CATION — City of				
	1X MBurial 2 Cremation 3 Removed Property Proper		OUNT Z		EMETERY	12/3/94 Hol	-				
	21. SIGNATURE OF EMPERAL SERVICE LICE			7	E AND ADDRESS OF FA						
	100	sudi		T C	ADDOLL	/11 1710	LI MODT	TT AND			
	I. CARROLL F/H 1712 W. NORTH AVE  23. PART I. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Approximate										
	ahock, or haert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. VF ARCLEST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other significent conditions	contributing to death but	not regulting	In the underi	ying ceuee given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO			
MEDICAL						1 _ YES	1	COMPLETION OF CAU OF DEATH?			
								1 YES 2 NO			
AN	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL	ONTRIBUTE TO C	AUSE OF		YES NC						
PHYSICIAN		HOSPITAL:	and 3 DOA	OTHER:							
Ħ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF 28c.	Home 5 Rasidenca	28d. DESCRIBE HOW	INJURY OCCURE	D			
ВУ Р	1 Netural 5 Pending investigation	(Month, Day, Year)	-IN.	JURY M 1	WORK?						
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	atreet, factory, o	offica	201. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETE		IAN: To the best of my knowled	ge, death occur	red at the fime,	data and placa, and dus	to the cause(s) and ma	nner se stated.				
§	one) 2 MEDICAL EXAMINER	On the basis of examination as	nd/or investigation	on, in my opinio	on, death occured at the	time, data and place, as	nd due to the cau	ise(a) and manner as state			
TO BE	29- SIGNATURE AND TITLE OF CERTIFIER	Intern			29c. LICENSE NU	MBER 321 JH 9126	29d. DATE SIG	NED (Month, Day, Year)			
F	J.B. HARL	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type	1, Print)	POF	BATIM	MORE				
	31. DATE FILED (Month, Day, Year)	1 32 MOSTELLE ROLL	HEL,								
	NOV 2 9 1994 A	Ma amundan									

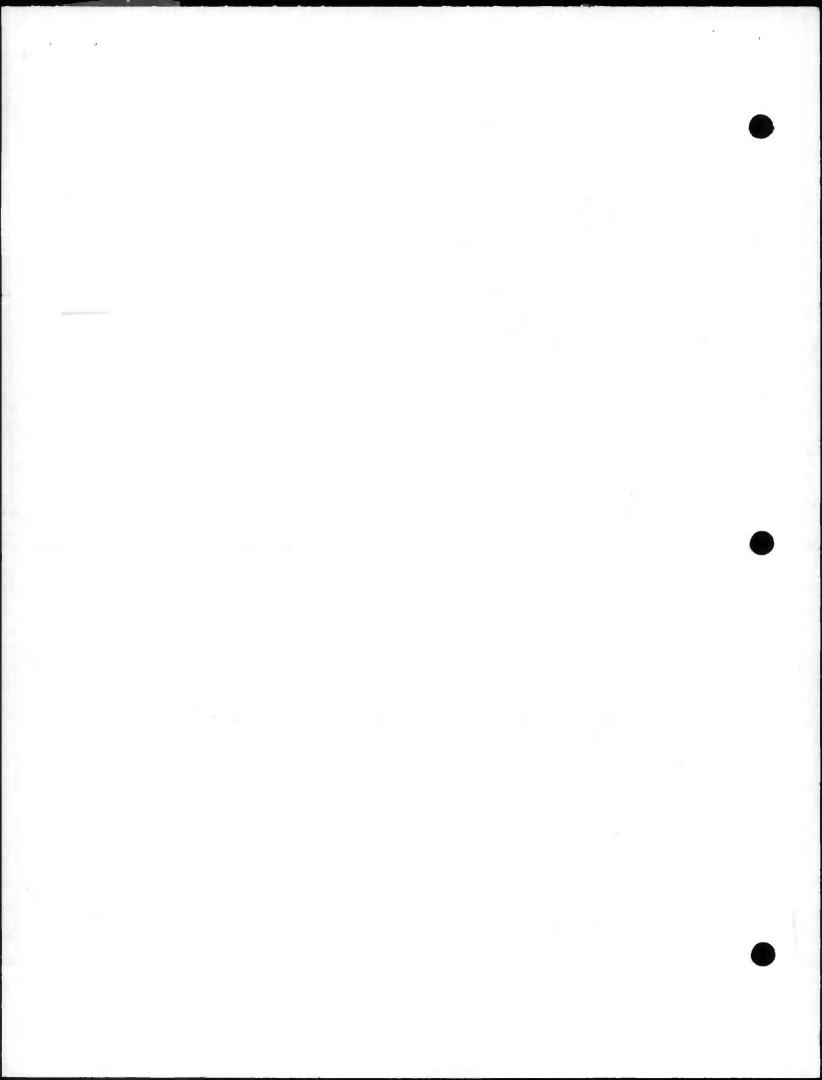


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

	REGISTRAR		CEF	TIFIC	ATE OF	DEATH		REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last)				•			OF DEATH			3. TIME OF OEAT	н
	Norman		Fiel	ds			Nov			94	6:25	DM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last bi		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		a. BIRTI	PLACE (State or Fo.	_
	213-32-3020	1 📉 M 2 🗌 F	58	YRS. MO	NTHS DAYS	HOURS MIN.		n, Day, Year) ay 19,	193	Count	**	
	9e. FACILITY NAME (If not institution, give s	treet and number)		98	CITY, TOWN C	R LOCATION OF D		ay 19,		NTY OF D	nknown	
DIRECTOR	Augsburg Lutheran					Lochearr			Ja.: 000		timore	
REC	10e. STATE 10b. COUNTY	1	- 1	loc. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY	
	Maryland 1	Baltimore		L	ochear	n					t TYES 2 T	NO
AL	10e. STREET AND NUMBER					ZIP CODE	-		10g. CIT	ZEN OF	WHAT COUNTRY?	
FUNERAL	6811 Campfield	Road				2120	7		Į	J.S.A	Α.	
בָּ	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? t	ER IN U.S. ARME	D	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN	? (Specify Yes	or No-	14. RACI	E American India k, White, etc.	m,
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR				ecify Cuban, Mexica 2 ☑ NO Specif		ncan, etc.)		Spec	r Black White	
COMPLETED	15. DECEDENT'S EDU	CATION	16a. DECE	DENT'S US	UAL OCCUPATION	ON .	16b	KIND OF BUS	SINESS/INC			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give :	NOT use re	done during mo kired.)	st of working						
۲ ا	Unknown		I	Jnkno	พท							
S	17. FATNER'S NAME (First, Middle, Lest)			JIIIIII	*****	18. MOTNER'S NA	ME /First /	Aiddle Maiden	Sumamal	_		
	Unknown						Unkno		Joinnaille)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Street a	nd Number or Rural			n, State, Zig	Code)		
임	Augsburg Lutheran	Home	681	ll Ca	mpfiel	d Road	Balt:	imore,	Mary	/land	1 21207	
	20. METHOD OF DISPOSITION		20b. PLACE AND	DATEOFO	SPOSITION (Na	me ol	DAT	Y	CATION —			
	t   Buriel 2 □ Cremetion 3 □ Remet 4 □ Donation 5 □ Other (Specify)	oval from State	cemetery, crematory or other place) Loudon Park Cemetery					11/28 Baltimore, Maryland				đ
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FACIL				CILITY					a
	· Stanka	M Ja	/ :			g Byers						
	23. PART I. Enfer the diseases, or o	111	Man	0	8728	Liberty	Road	Rand	allst	own	MD 211	33
	ehock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Meta	Satice AS A CONSEQUE		,	conc					Approximating interval Be Onset and	tween
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.											
PHYSICIAN: MEDICAL	PART II. Other significent condition						Part i.	24e. WAS AN PERFOR	MED?	246	WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO AUSE
ÿ	DID TOBACCO USE	CONTRIBUTE '	TO CAUSI	E OF	DEATH '	YES   N	0 [4]					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10		ACE OF DEATH (Ch	neck only or	•)				
2	1 TYES 2 THO	1 Inputient 2 ER	/Outpatient 3 🗆	DOA 4	THEB	e 5 🗆 Reeldence	6 🗆 Othe	r (Specify)				
E	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Y	URY 2	8b. TIME O		URY AT PK?	28d. DES	CRIBE NOW 1	NJURY OC	CURED		
B	1 Accident 5 Pending Investigation	, , , , , , , , , , , , , , , , , , , ,	,			ES 2 NO						
COMPLETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	JURY — At home, (Specify)	, ferm, atre	ol, lactory, offic		281, LOC C/ty	ATION (Street of Town, Stets)	end Number	or Rural I	Route Number,	
-	29e. CERTIFIER											
Σ	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my									s) and manner as at	
8				ranganoti, ii	opinion, o	valii occuiva at liie	time, date	and place, en	o due to tr	ne ceuse(i	i) and manner se at	iated.
BE	296. SIGNAFUITE AND TITLE OF CENTIFIES	//				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0	marologo	800				11128	12		1	noc	125/	754
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O	P DEATH (ITEM 2	7) (Type, Pri	PAR	e Heis	he	A	59	120	1 (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S	RIGHTHER									



DHMH-16 Rev 1/89

68760 BALTIMORE, MARYLAND 21215-0020
Morning with Trains after death Pane 6 may be regarded by the broaden or standing school and the property of standing school and the property of standing school and the property of standing school and the property of standing school and the property of the property

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYI AND / DEPARTMENT OF HEALTH AND

	1 - STATE REGISTRAR	STATE OF N			ICATI				MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	TOUN DAVE	D FOSTER,				DEA		2. DATE OF DEATH			3. TIME OF DEATH
	- John	JUHN DAVII			ter				November	DAY 2 7	YEAR QQA	02:20p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	-,-,-,	IF UNDER	1 YEAR	IF UNDER	24 MBS	7. DATE OF BIRTH	23,1		IPLACE (State or Foreign
	220-14-9694	1 <b>X</b> XM 2 □ F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	000	Countr	(γ)
	90. FACILITY NAME (If not institution, give a	3333			01 077				Jan. 23,			ryland
OE					96. CITY	r, TOWN C	R LOCATIO	ON OF DE	ATH	9c. CO	UNTY OF D	EATH
ᅙ	Greater Baltimo	ore Medic	al Cente	er	TO	VSON				Ba	1 time	ore
Diameter 1	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION	_				10d. INSIDE CITY
DIRECTOR	Maryland Har	ford				Whit	e Ha	11				LIMITS?
	10e. STREET AND NUMBER	1014				_	ZIP CODI			10= 01	TIZEN OF V	VHAT COUNTRY?
FUNERAL	2446 Bradenbau	ich Road				1.0		161		27181	S.A.	VIIAI COUNTRIT
2	11. MARITAL STATUS	Ü	T EVER IN U.S. ARR	450	140	****						
E	1 Never Merried 2 Merried	FORCES? 1	XYES 2 N	O		If yee, sp	city Cuba	n, Mexicer	IC ORIGIN? (Specity 1 n, Puerto Ricen, etc.)	as or No—	14. RACE Black	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES	2 (X NO	Specify			Speci	White
	15. DECEDENT'S EDU	CATION	18e, OFO	EDENT'S	USUAL O	CCUPATIO	iN .		16b. KIND OF B	IISINESS/IN	IDUSTRY	WILLE
E	(Specify only highest grade Elementary/Secondary (0-12)		/Gis	a kind of	und dans	dudag ma	nt of woodsin	g		00111200711		
COMPLETED	N/A 12	College (1-4 or 5 + N/A	" Groc	erv	se retired.)	mana irv	ıger Stor	·e	Ret	ail :	Food	
8	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle, Maide	n Sumame)		
n	(names unknown)								y (surnam		known	.)
BE	19e. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRES	S (Street e	nd Number		Route Number, City or R	-	_	
2	Frances C. Foster	(wife							White Ha			161
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem		20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		DATE 20c. I	OCATION -	- City or To	wn. State
	1	oval from State	Gemetery, cren	ew N	ther place)	ial	Gard	ens	11/28 Fa	illst	on. M	[arvland
	21. SIGNATURE OF FUNERAL SERVICE LIS	SINSEE			22.	NAME AN	D ADDRES	SS OF FAC	CILITY	_		y and y
- 1	> 11166H								eral Home	-		
-	23. PART i. Entar tha diseesea, or o								d., Balti			21236
7	ahock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	OR AS A CONSEO	00	lva				171			Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	(OR AS A CONSEO									
	PART II. Other algolificant condition	a contributing to	death but not ra	sulting	In the u	nderlying	cauaa (	ivan In	Part i. 24a. WAS /	IN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL			eurc						PERF	2 THO		AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ä	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEA	TH Y	ES P	NO				
CF	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one)			
YSI	1 TES 2 NO		ER/Outpatient 3	□ DOA			• 5 □ Re	sidence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Metural 5 Pending	28e. DATE OF (Month, Da	INJURY ay, Year)	28b. TIN	IE OF JURY		RK?		28d. DESCRIBE HOW	INJURY O	CCURED	
BY	2 Accident Investigation				M		'ES 2 [	NO				
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At hora atc. (Specify)	ne, farm,	street, fec	tory, offic			28f. LOCATION (Stree City or Town, Sta		er or Rural F	Route Number,
COMPLET	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	th occurr	ed at the t	time, data	and place	end due	to the cause(a) and m	anner ee at	nted.	
8	one) 2 MEDICAL EXAMINE											end menner se stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIC	5 /	~	1			29c. LICE	NSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
0	George	Cedor	1 17	1			DIA	273	2	<b>&gt;</b>	11/2	3/94
0	30. Name and address of PERSON WH	O COMPLETEO CAUS	SE OF DEATH (ITEM	7 / C	, Print)	41R)	מחד	WT	AVE	T	211/2	ON- 91/
	31. DATE FILED Mogen, Day Wary	32. REGISTRA	R'S SIGNATURE	, , ~		-,,	.00	, • /	NUE	, ,		
	11/23/94	NO	V 2 9 1994	1	4.	- Si-	lane - E					

• 9 C

DIVISION OF VITAL RECORDS, P.O. BOX 68760

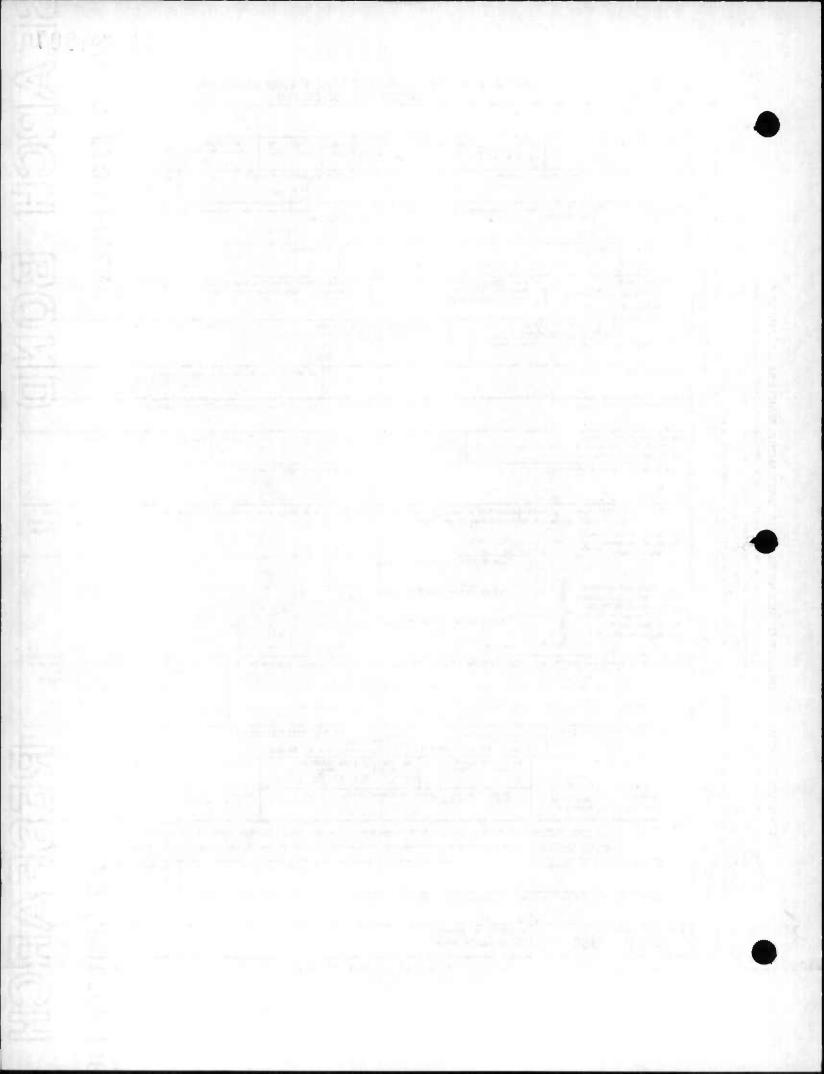
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH ROSEMARIE FRANKS VEMBER 1994 3:40 NO 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
Oct. 1, 1956 8. BIRTHPLACE (State or Foreign Country) 096-46-7624 1 M 2 F DAYS HOURS YRS. New Jersey permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Arnold 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1688 Camden Court South hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 21012 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 TES 2 NO Specify: Specify: White B 3 Widowed 4 Divorced completely filled in by the funeral director, page 5 should be detached for use as the 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working LETED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done kife. Do NOT use retired.) Elementary/Secondery (0-12) 1 2 College (1-4 or 5+) COMPL Homemaker Own Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kenneth O'Brien Dorothy Miller BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas Franks 1688 Camden Court S. Arnold, MD 21012 pe 20e. METHOD OF DISPOSITION
t ☐ Buriel 2 X Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Wetro Crematory 4 Donation 5 Other (Specify) \_ Baltimore, MD medical examiner 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home, P.A. 21. SIGNATURE OF PUBLICAX SE 12 Ridgely Ave. Annapolis, MD 23. PART i. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line. intervei Between 0 **Onset and Death IMMEDIATE CAUSE (Finel** the disease or condition resulting in deeth) executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician a it, of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evants resulting in death) LAST 50 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 23 shows any YES 2 NO YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) has be Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The mal DIRECTOR. After this certificate hours after death with the State HOSPITAL: OTHER: XXYES 2 NO Inpatient 2XXER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 0240M 1 YES 2 NO STRUCK By VOHICE 11.20.94 BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 09 3 Sulcide 6 Could not be COMPLETED 28 4 Homicide detarmined - Rt-450 STREE MANREJA RO item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. TO THE HOSPITAL
TO THE FUNERAL IDE filed within 72 h
IMPORTANT: If II 2X MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE NOVEMBER 20, O.C.M.E. 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 NOV2 9 1994 THE REGISTRATION OF THE WALLES

0
S
9
Ò
LO.
215
1215-0
T.
S
0
=
5
4
_
>
<u>ac</u>
4
5
MARYLAND
III.
~
TIMORI
0
5
=
-
BAL
4
00

	44
	8
	3
	ĕ
	п
	4
3	E
	专
9	2
-	8
$\infty$	2
9	š
-	ε
2	5
9	-
m	÷
_	5
-	1
	9
	9
-	#
	ě
S	-
	4
~	-
=	2
0	40
	×
~	-
	ç
T,	2
	3
=	20
4	å
-	F
	ż
>	A
1	5
=	8
J	¥
-	-
	5
0	Ê
	Z
ח	H
=	AT
100	ex
5	Ĉ
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	_
	DEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	ā
	9
	rei

FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGII	
1. DECEDENT'S NAME (First, Middle, I	Leat)				2. DATE OF DEATH	DAY
Madeline	Α.	FOGERTY			November	
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	

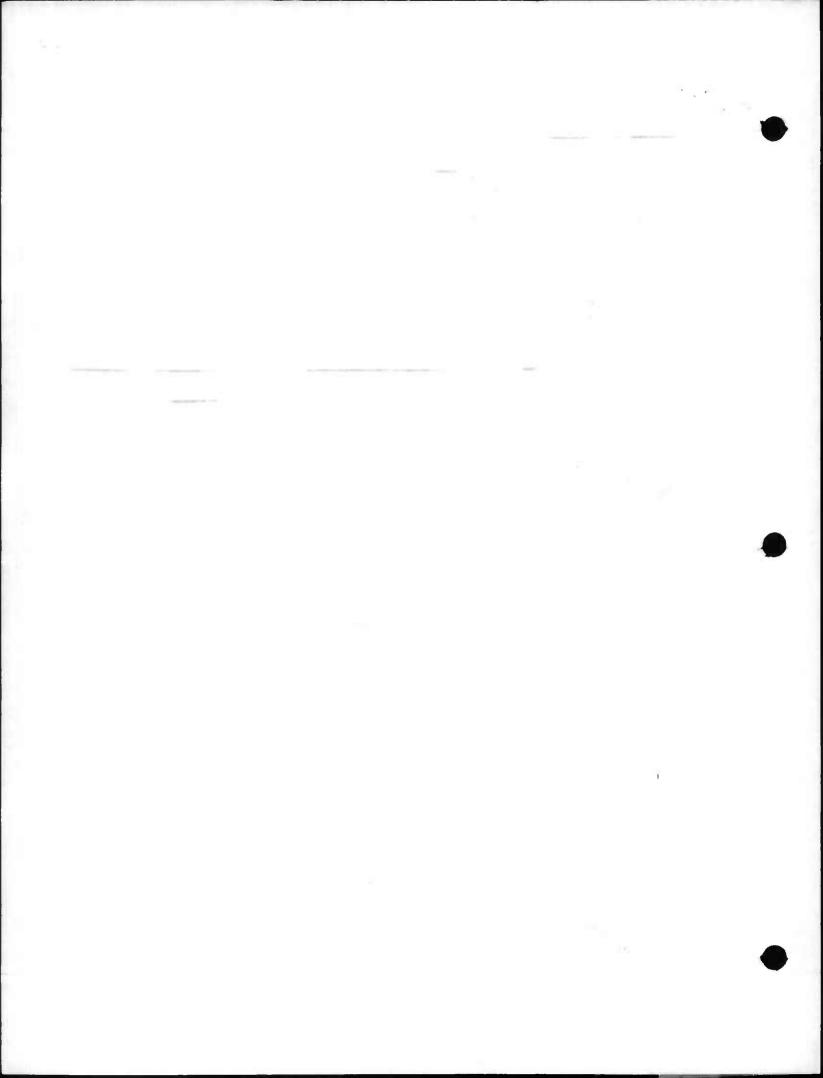
	1. DECEDENT'S NAME (Firs	t, Middle, Leat)							2. DATE O	F DEATH	AY	YEAR	3. TIME OF DEATH
	Madeline 4. SOCIAL SECURITY NUM	eco	A.		GERTY						23, 19		9:55 a M
	212-03-457		1 M 2 XF	6. AGE (In yrs. Ia		IF UNDER 1 YEAR	HOURS	MIN.		Day, Year)		Country	
	9e. FACILITY NAME (# not i			00		9b. CITY, TOWN	ORLOCATI	ON OF DE	Feb.	10,	1914		yland
1	Franklin S						Balti						
DIRECTOR	RESIDENCE OF DE	CEDENT					Dartr	more			IBALT	ımor	e County
2	10a. STATE	10b. COUNT			10c. CITY,	TOWN OR LOC							10d. INSIDE CITY LIMITS?
_	Maryland  100. STREET AND NUMBER		ltimore				altim						1 TYES 2 XXNO
ERAL	1000 Fran		TO Ant	710			of. ZIP COD	E 1221				S.A.	NAT COUNTRY?
בר בר בר בר בר בר בר בר בר בר בר בר בר ב	11. MARITAL STATUS	KIIII F	12. WAS DECEDEN		RMED	13. WAS D			VIC ORIGIN?	(Specify Ve			- American Indian.
BY FI	1 Never Married 2		FORCES? 1	YES 2 X	NO	II yes,	s 2 X NO	n, Mexica	n, Puerto Ric	an, etc.)		Black.	White, atc.
	3 🖾 Widowed 4 🗆 Div						- 10					- opecin	White
COMPLEIED		CEDENT'S EDI		(0	Sive kind of wo	JSUAL OCCUPATION done during it		10	16b. F	IND OF BU	SINESS/IND	ISTRY	
	Elementary/Secondary (	(0-12)	College (1-4 or 6	+)	. Do NOT use	ia Wor	kor			D.	nk		
	17. FATHER'S NAME (First, A	Viddle, Last)		1 02	recer	La WUI		HED'S NA	ME (First, Mic			_	
5	James J.						1.111.00		Vokro		Surrieme)		
)	19a, INFORMANT'S NAME (	Type/Print)		16	b. MAILING A	ADDRESS (Stree				_	m, State, Zip	Code)	
2	Jacquelin :	M. Gra	y (dghtr	)	2705	Kildai	re Dr	ive,	Balt	imore	, MD	212	234
	20a, METHOD OF DISPOSIT		noval Irom State			FDISPOSITION (	Vama of		DATE	20c. LC	CATION — C	ity or Tov	vn, State
	4 Donation 5 Othe	r (Specify)		Garde	ens of	Faith				6 Bal	Ltimor	e, M	Maryland
	21. SIGNATURE OF FUNERA	AL SERVICE LI	ICENSEE				munek			Home	s, Ind	,	
11	Mouth	DOL	and S								nore,		21236
CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.												
ZEHILL	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d												
	PART II. Other aignific	ant conditio	na contributing to	death but not	recuiting in	the underly	ng cause (	given in	Part i. 2	4a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Duodenal	. Ulcei	<u> </u>							YES :			COMPLETION OF CAUSE OF DEATH?
N E									_				1 - YES 2 - NO
ž													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Ch	eck only one)				
2	1 YES 2 XNO		1 C Inpatient 2 26a. DATE OF		26b. TIME	4 Nursing Ho	IJURY AT	sidence			INJURY OCC	UBED	
		Pending	(Month, E		INJU	JRY V	YES 2	J NO	280. DEŞC	HIBE HOW	INJURY OCC	OHED	
) BY	2 Accident 3 Suicide	investigation Could not be	28e. PLACE C	OF INJURY — At h	ome, farm, st				261. LOCAT	ION (Street	and Number (	or Runal Ro	oute Number,
	4 Homicide	datarmined	building,	atc. (Specify)					City or	Town, State			
4	29a. CERTIFIER	TIFYING PHYS	BICIAN: To the best of	my knowledge, d	eath occurred	d at the time, da	te and place	, and due	to the cause	(a) and ma	nner es state	d	
COMPLE	ogel												and menner as stated.
- 1	29b. SIQNATURE AND TITLE				_			ENSE NUR					(Month, Day, Year)
ממ	Win	nghel	your	3 M	D			R D			<b>•</b>		13.94
2	30. NAME AND ADDRESS O	F PERSON W	HÒ-€OMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type, I	Print)			1113			-	
	Nimish Gos												
- 1	MINITSH GOS	rani,		000 Fran	klin	Square	Driv	e	Balti	more.	MD	2123	37
	31. DATE FILED (Month, Day, NOV 2 9 19	Year)		000 Frances Secondarial	nklin	Square	Driv	e	Balti	more,	MD	2123	37



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 1.6.15.16a,16b,18, PER F.H. FILM G-717 11/29/94 t.t

	ъ.,	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF HE		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
,		Murtha I. Felter	MURTHA BROWN F	ELTER			MONTH DA 11 24		9:40 a. M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. is		1	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign stry)
Þin		216-01-4243		89 YRS.			7-02-05		rginia
3 sho	œ	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN OR		ATH .	9c. COUNTY OF	DEATH
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	Broadmead 1380	1 York Road		Cockey	sville		Baltin	nore
sades	H.	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
Ę.		Maryland Balti	more		Cockeysv				1 YES 2 NO
it pen	FUNERAL	10e. STREET AND NUMBER			101. 2	IP CODE		10g. CITIZEN OF	WHAT COUNTRY?
trans-	ᄬ	13801 York Road	12. WAS DECEDENT EVER IN U.S. A	DUCO	140 1400 05050	2103			States
physician burial-tra		1 Never Married 2 X Married	FORCES? 1 YES 2		if yes, speci	fy Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.
	В	3 Widowed 4 Divorced	IF YES, GIVE WAR ON DATES		1   YES 2	NO Specify	:	Spe	ow: White
or attending r use as the	윤	15. DECEDENT'S EDUC (Specify only highest grade of			USUAL OCCUPATION work done during most	of working	16b. KIND OF BUS	SINESS/INDUSTRY	
for t	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT us	HOMEMA		OWN H	OME	
the hospital or detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	Yrs. Wes	tern	Electric		West	ern Elec	tric
3 B S	- 1	James Edward Bro	F.799		1		ME (First, Middle, Maiden		
5 should be notified at	BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAJLING	ADDRESS (Street and		Irma Brown		
e 5 st	2	J.E.B. Felter					Balto., MD		
leath. Page 6 may be funeral director, page xaminer must be		20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo			OF DISPOSITION (Name	of	DATE 20c. LOG	CATION — City or	Town, State
ge 6 ma lirector. p		4 Donation 5 Diber (Special)		rematory or o	ther place)				
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE UC	INSEE			ADDRESS OF FAC			
the fun the fun oval.		LOWELL W. Le	TAMON CONTRACTOR	٠ سيا	10 W	on Fune Padoni	eral Home a Rd., Tii	nonium	MD 21002
executed within 24 nours after death. Page 6 may be and completely filled in by the funeral director, page o burial, cremation, or removal.  natic event, the medical examiner must be a		23. PART I. Enter the diseases, or conshock, or heart fellure. Let immediate CAUSE (Finel disease or condition resulting in death)	Ist only one cause on each lin	ė. Ė	P:		EMENT		Approximeta Interval Between Onset and Death
h certificate be inding physician Hygiene prior to or other traur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	ON	SET		ETES M		5 15 yr
by the atte and Mental	AL (	PART II. Other significant conditions	contributing to death but not	resulting	n the underlying o	ceuse given in	Part i. 24s. WAS AN. PERFOR		b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
s that ned b aith an	MEDIC	HYPER	TENSION				1 _ YES 2	. /	COMPLETION OF CAUSE OF DEATH?
requires the seen signed of Health shows an	ME								1 TES 2 NO
law ras be Dept.	Z.								NIA
V: The cate h State (	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHÉR:	CE OF DEATH (Che			
sician certific the S	14S	1 VES 2 TONO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient	3 DOA 28b. TIM	4 Whursing Home E OF 28c. INJUR			udim occurre	
ing Physical floor of the control of	- 1	1 Natural 5 Pending	(Month, Day, Year)		URY WORK	(?	28d. DESCRIBE HOW IN	NJURY OCCURED	
VDING: After death	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h	ome, farm, s			28f. LOCATION (Street e	and Number or Rural	Route Number,
CTOR 3 after 28	ETEC	4 Homicide determined	building, atc. (Specify)				City or Town, State)		
DIRECTOR A HOURS	PE	294. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, d	eath occurr	ed at the time, date an	nd place, end due	to the cause(e) end men	ner as stated.	
SPITAL VERAL Nin 72 VT: N	COMPL		On the basic of examination end/or						(e) and manner as stated.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If item 28 is marked, or item 23 shows any	ш	296 SIGNATURE AND TITLE OF CERTIFIER	0 11	20		9c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Ulay, Year)y
E FE FE	TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	1 (Type	Print)	D38	392	11/0	25/94
		BARBARA CA	TRROLL, M. I	). /	3801	YORK	RD, C	OCKEY	SVILLEIMT
		NOV 29 1994	Julia Danden - Re	A A B B				-	
7 1		110170.001	No.	The state of					

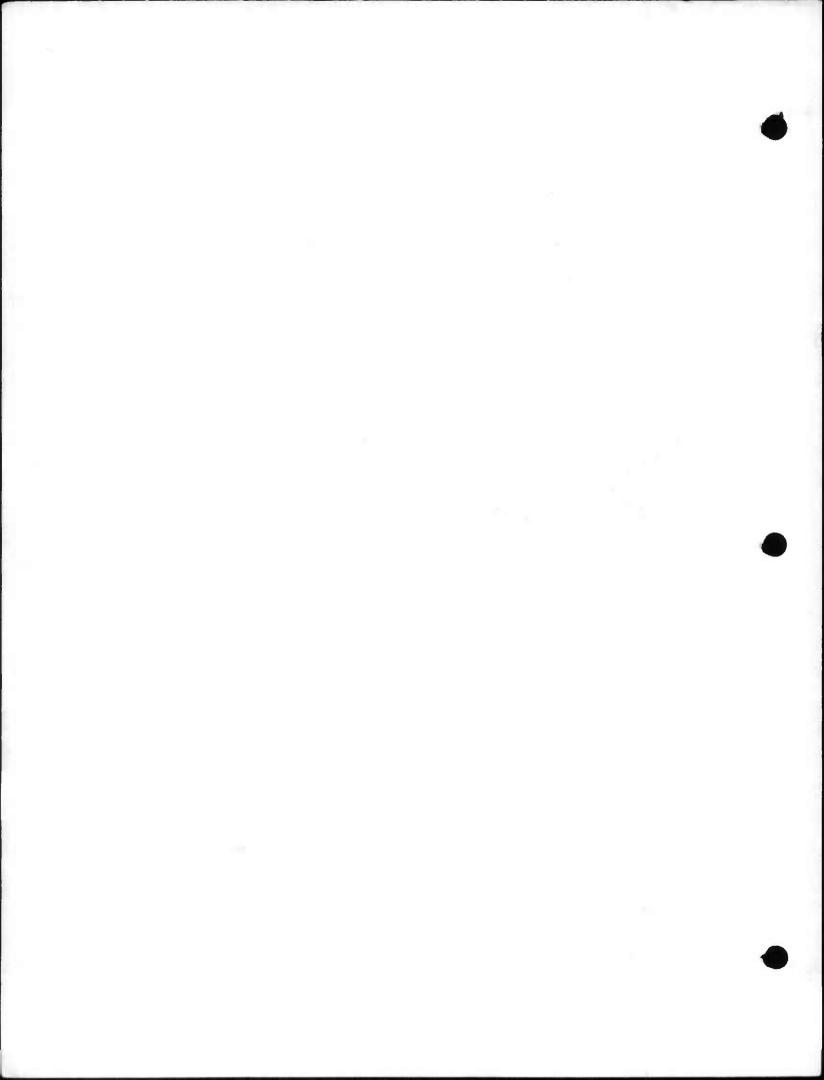


$\times$
0
BOX
0
σ.
Ś
2
RECORDS
O
ш
TAL
$\vdash$
>
OF
O
Z
O
=
3
>
$\overline{}$
_

1 1 3 3 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	- 0	1000	F	2	2	21	21	30
TO BE COMPLETED BY FUNER		ERTIFICATION	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	YSICIA	TED BY PH	COMPLE	O BE	-
IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	event, the medica	or other traumatic	3 shows any Injury,	or Item 2	28 Is marked,	AMP. II Item	MPBET	- [
TO THE STACES. OTHER THIS CARTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be med within a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ompletely filled in by I	tending physician and c if Hygiene prior to buris	TO THE SECTION After this certificate has been signed by the attending physician and completely filled in by the fiber within a hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	rtificate has	ECTOR: After this cells after death with it	ITHIN A POUR	10 THE W	
TO THE HIGHER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	ed within 24 nours aft	th certificate be execut	aw requires that the dea	IAN: The L	ATTENDING PHYSIC	NO THIS OR	TO THE A	
200-6131-7010-6131-0050								

permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTN CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH		
	FLORENCE	JANE	GRACE		NOVEMBER 2	2 1994			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR  F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign		
		1 - M 2 XF	70 YRS.	NTHS DAYS HOURS MIN.	03/28/2		ryland		
	9a. FACILITY NAME (If not institution, give str		96	. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH		
DIRECTOR	St. Agnes Hosp	<u>ital</u>		Baltimore		Balti	imore		
	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY		
		imore	На	alethorpe			1 YES 2 NO		
M	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	4600 Ridge Roa	12. WAS DECEDENT EV	ED MILLO ADMED	2122			JSA		
	1 Never Married 2 Married	FORCES? 1 1	rES 2 NO	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxico	n, Puarto Rican, etc.)	Bid	ICE — American Indian, ack, White, atc.		
BÁ	3 Widowed 4 Divorced	. 100, 0172 1841 0	THE DATES	1 TES 2 NO Specific	y:	Spi	•c#ywhite		
EIED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USL (Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
7.6	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	•					
COMPL	0-10th 17. FATHER'S NAME (First, Middle, Last)		homema		ME (First, Middle, Maiden	home			
- 1	George O. Trim	h10				Sumame)			
O BE	19a. INFORMANT'S NAME (Type/Print)	DIE	19b. MAILING AD	DRESS (Street and Number or Rural	de Buhl Route Number, City or Town	, State, Zip Code)			
ا ۲	Francis W. Gra	ce		Ridge Road			21227		
	THOD OF DISPOSITION		20b. PLACE AND DATE OF D	ISPOSITION (Name of	0ATE 200 LO	CATION - CHY OF	Town State		
1	4 Donation 5 Other (Specify)		Meadowrid	ge Cemetery	11/26/94	Dorsey	,Maryland		
- 1	S. Sidnophi or Thinks Service Des	MSEE		Ambrose Fun	eral Home	Inc.			
4		egan		1328 Sulphu	r Spring	Road 2	21227		
	23. PART I. Entar the diseases, or co ahock, or heart fellure. L	mplications that ceuse c	used the death. Do not on aech lina.	enter tha mode of dying, suc	h as cardiac or respin	ratory arrest,	Approximate interval Between		
1	IMMEDIATE CAUSE (Fine) disease or condition						Onset and Death		
	reaulting in death)	MYOCA	RDIAC 11	VFARETION			Immedial		
,							4		
2	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEQUENCE OF):	destare			un know		
HILLAHON	cause. Entar UNDERLYING CAUSE (Disesse or injury	Diabel	a Mulli	Jun			unkun		
	that initiated events resulting in death) LAST	OUE TO (OR /	AS A CONSEQUENCE OF):						
3	d.								
4	PART II. Other algnificant conditions	/	th but not resulting in the	ne underlying ceuse given in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
MEDIC		luce			1 YES 2	ENO	COMPLETION OF CAUSE OF DEATH?		
	Congestive	Failure			_		1 TES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (Ch					
SICIAN	EXAMINER?	HOSPITAL:	Outpatient 3 EVOA 4	THER:  Nursing Home 5 Pasidence					
	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW IN	IJURY OCCURED			
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar) INJURY	M 1 YES 2 NO					
3	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, stree Specify)	t, factory, office	y, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	4 Homicide determined								
	29a. CERTIFIER (Check only one)	IAN: To the best of my k	nowledge, death occurred at	the time, date and place, and dua	to the cause(a) and man	ner sa stated.			
5	2 MEOICAL EXAMINER	: On the beels of examin	ation and/or investigation, in	my opinion, death occured at the	time, data and place, and	dus to the cause	e(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIED	7//	0	29c. LICENSE NUI	IBER	29d. DATE SIGNE	ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	//pras	y wor.	D 35.	172	<b>&gt;</b> ///	22/94		
	, A LEGISLA WOODESS OF ABUSON MHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	90					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE						
	NOV 2 9 1994 Ja	14. Vandlear	Carl II						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	90	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If item 28 is marke

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO	E	
3	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joseph W. Gall	lagher				November		94 7:25 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
1	220-20-0111	1 X M 2 □ F 67	7 YRS.	NTHS DAYS	HOURS MIN,			Maryland
	9a. FACILITY HAME (If not institution, give at	treet and number)	96	CITY, TOWN OR	LOCATION OF DE		9c. COUNTY	
DIRECTOR	North Arundel Hosp	oital Associa	ation	Glen B	urnie		Anne	Arundel
띮	10a, STATE 10b, COUNTY			OWN OR LOCATIO	ON .			10d, IHSIDE CITY
SIC	Maryland Anne	Arunde1						LIMITS?
	100. STREET AND HUMBER	Arunder	<u>I Gren</u>	Burnie	ZIP COOE		10g. CITIZEI	1 YES 2 NO
FUNERAL	102 Fifth Ave. S	S.E.			21061			ed States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECE		C ORIGIN? (Specify Yes		. RACE — American Indian,
7	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DA		If yes, spec		, Puarlo Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	WW II			, , , , , , , , , , , , , , , , , , ,			White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATIOH completed)	16a, DECEDENT'S USU (Give kind of work	done during most	of working	16b. KIHD OF BUS	SIHESS/IHDUS	TRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re-	tired.)				
₹	10 yrs.		Deli Cl			Grocer		
		1 a a b a a		- 1		ME (First, Middle, Maiden	Sumame)	
BE	Charles W. Gall 190. IHFORMANT'S NAME (Type/Print)	ragner				a Madigan		
2	Mrs. LouEllen Gal	llaghan				oute Number, City or Tow		
	20a, METHOD OF DISPOSITION		PLACE AND DATE OF D			Glen Burni		
	1 A Buriel 2 Cremation 3 Ramo	oval from State	etery, cremetory or other len Haven	Mom Da	rk 11/	.1		or Town, State nie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		Tell Havell		ADDRESS OF FAC		II Duii	ite, marytanu
	· Pari X	Chave	al)	421 Cr	ain Hwy.	S.E. Gle	n Burn	ie, MD 21061
-	- 00000	- 0000	7	Kirkle	v-Ruddic	k Funeral	Home	
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	complications that caused List only one cause on a	tha daath. Do not a ach lina.	enter the mod	a of dying, such	as cardiac or respi	ratory arrest	t, Approximata Interval Batwean
	iMMEDIATE CAUSE (Final disease or condition	$\mathcal{O}$		, 76	. /			Onset and Death
1	resulting in death)	augh	enco/Sa	1 & VD	suel,	Massil	18	
_		DUE TO (OF) AS A  DUE TO (OF) AS A  DUE TO (OF) AS A	CONSEQUENCE OF):	Y	and C	- 2 -		
CERTIFICATION	Sequantially list conditions,	DUE TO (OR AS A	COHSEQUENCE OF):	IVI	nomo-	05/5		
₩.	If any, leading to immediate cause. Enter UNDERLYING							į
E	CAUSE (Disease or Injury that initiated avents	OUE TO (OR AS A	COHSEQUENCE OF):					
F	resulting in death) LAST	d						
	PART II. Other significant conditions	e contribution to death b						
CAL	Cerebrova	s contributing to death be	ut not resulting in ti	e undariying	causa givan in F	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FIHDINGS AMAILABLE PRIOR TO
ă	Cerebiova	Carab n	eciqui		ert.	1 YES 2	₽ HO	OF DEATH?
Σ	DID TODA COO LICE COLUT							1 TES 2 HO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAIN			
2	EXAMIHER?	HOSPITAL:		HER:				
₹	27. MAHHER OF DEATH	1 ☑ Inpatient 2 ☐ ER/Outp.  28e. OATE OF IHJURY	28b. TIME OF		5 Residence 6			
	1 Hetural 5 Pending	(Month, Day, Year)	IHJURY	WOR	K?	28d. DESCRIBE HOW II	AJURY OCCUR	IED
ВУ	2 Accident Investigation 3 Suicide & Could get be	28a. PLACE OF INJURY	— At home, term, stree			281. LOCATION (Street a	nd Number or	Aural Bruite Number
	4 Homicide S Could not be	building, atc. (Spec	ify)	,,		City or Town, State)	no reamber or	Taran Todie Homon,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAH: To the best of my knowl		Ab a discount of the				
₽ I								ause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIES							
BE	STAN SIGNAL DISE AND MILES OF PERILIPIES	166	1		29c. LICEHSE HUME	BER	29d. DATE S	IGNED (Month, Pay, Year)
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	TH (ITEM 27) (5-2)	10	d08609		- (1)	20/94
					n D	MD 0100	1	•
	Arthur L. Gudwir	1 11. U. / 31U	KICHIE HW	y. Gre	n Burnie	e, MD 2106	1	
	NOV 2 9 1994	32. REGISTRAR'S SIQUE	delle					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within with redeath. Page 6 may be retained by the bunding physician and completely filled in by the funeral director, page 5 should be detached for use as the bundinariansit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
7	1. DECEDENT'S NAME (First, Middle, Last)		THE OF BEAT			2. DATE OF DEATN 3. TIME OF DEAT					
	Harvey	L.	Grav	er		Nov. 27,	8:00A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 DATE OF BURTON				4 RISTADI ACE (State or Comies				
	213-14-2060  9a. FACILITY NAME (If not institution, give s	1 XM 2 F	/3 YRS.	MONTHS DAYS	HOURS MIN.	NOV. 19,		Maryland			
DIRECTOR	Hopkins Bayview M.C. Baltimore										
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	AA STATE									
RIO	Maryland		Ba	ltimor	e			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	100. STREET AND NUMBER				ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?			
EB/	110 S. Conkling Street				21224			S.A.			
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X VES 2 N			13. WAS DEC	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No 14. RACE -						
	1 Never Married 2 Married	ATES	If yes, spe	cify Cuban, Maxice 2 XNO Specify	Black, White, etc.						
ВУ	3 Widowed 4 Divorced	WWII					M	Nhite			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U (Give kind of wo	ork done during mo:	N st of working	16b. KIND OF BU	SINESS/INDUST	RY			
9	Elementary/Secondary (0-12) College (1-4 or 5+)			o NOT use retired.)			Railroad				
N N	12th	Yardmast	rer								
	17. FATHER'S NAME (First, Middle, Lest)	77 - 14			Estel	ME (First, Middle, Maiden					
BE	Edward P. Gra	ver									
2	Jean E. Grave	200				Houte Number, City or Tov		Md. 21224			
	20g. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremation) of the completely, cremation of the completely of the comp										
	4 Donestion 5 Other (Specify) Holy Redeemer Cemetery Baltimore, Maryland 21. SIGNATURE OF PUNEJAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	Joseph N. Zannino Jr. Funeral Home										
_	263 S. Conkling S't. Balto. Md. 21224 23. PART I. Enter the diseases of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
	23. PART T. Enter the diseases of a shock, or heart fellure.	fomplicationa thet ceuse List only one ceusa on e	d the death. Do no each line.				iretory arrest,	Approximate intervsi Batween			
	IMMEDIATE CAUSE (Final)										
	reauiting in death)	· Veus	1 Cular	Kim	11414						
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
ATI	if any, laading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):								
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS /	CONSEQUENCE OF								
CERTIFICATION	reaulting in deeth) LAST										
S	d										
AL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED?  AM										
음		C						AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?			
M								1  YES 2  NO			
ÿ	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAIN	1 🗆					
PHYSICIAN: MEDIC	25. WAS CASE REFERREO TO MEDICAL  EXAMMER?  26. PLACE OF GEATH (Check only one)										
YSI	1 YES 2 NO	1 Inpatient 2 I ER/Outp		OTHER:  I   Nursing Home	5 Residence	8 Other (Specify)					
표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJUI	OF 28c. INJU	JRY AT	26d. DESCRIBE HOW	NJURY OCCURE	D			
BY	2 Accident Investigation	t M Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO									
<b>B</b>	3 Suicida 8 Could not be 4 Nomicide determined	3 Sulcida 8 Could not be 28e. PLACE OF INJURY — At home, term, atreet, factory, office building. etc. (Shortin).									
필		CIAN: To the best of my know									
COMPLET	2 MEDICAL EXAMINE	R: On the basis of axamination	n end/or investigation,	in my opinion, de	ath occured at the	time, data and place, er	d due to the cer	use(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	50			29c. LIDENSE NUM	BER	29d. OATE SIG	NED (Month, Day, Year)			
0	- July	100	-		12	144	1 //	128184			
-	30. MME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, F	Print)	1)	,	7				
	FWANG H.	LEE, M	.D. 1	00 N.	1900ax	way 1	self	MD 21231			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATORE			1					

213 1 2 7 73

Similar 19 1 C

56

12 Verification (2007)

S D = J c s C s

Jes Geve 2122

a land pare filled the later of the land of

27.1.2

1 72 1

1 1 21

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Gept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

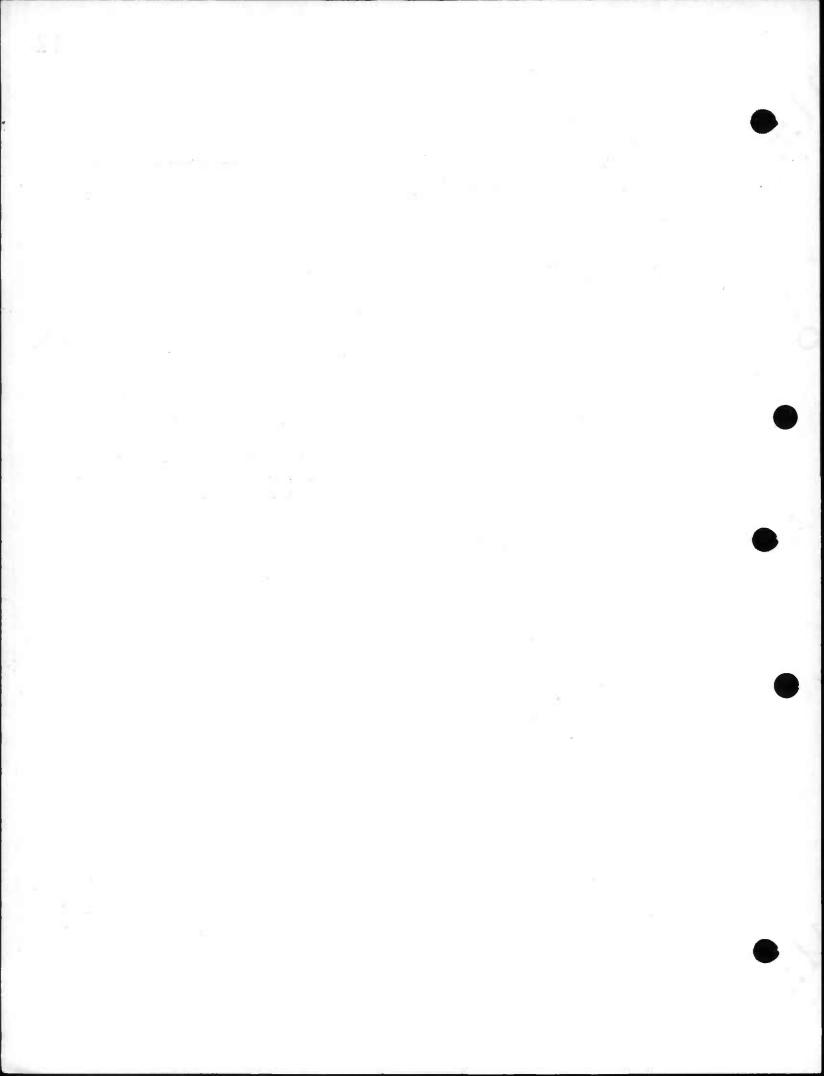
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item # 7 film # G 718 12--05 -94 N.A. Per Funeral Home

Item1,20b,Film717,11/29/94,1t

FOR
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
STATE
S

	REGISTRAR			HILL	CALE	OF	DEATH	REG	NO.							
,	1. DECEDENT'S NAME (First, Middle, Last)	l d				2. DATE OF DEA MONTH	TH DAY		YEAR 1994	. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	rs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 0/20/1018												
	477-03-9842	1 □ M 2 😾 F	82	YRS.	MONTHS E	DAYS	HOURS MIN.	SEPT 1	mr) 5 / 2							
	Se. FACILITY NAME (If not Institution, give a		9b. CITY, TO	OWN (	OR LOCATION OF DE			912 MINNESOTA 9c. COUNTY OF GEATH								
5	NORTHWEST HOSPITAL CENTER				D	ANT	DALLSTOWN	ì	- 1	D	» T (T) T (	IODE .				
DIRECTOR	RESIDENCE OF DECEDENT						111172			B/	AL TIV	IORE				
뿐	10a. STATE 10b. COUNT MARYLAND F	, BALTIMORE		10c. CITY	TOWN OR		TION MORE				1	0d. INSIDE CITY LIMITS?				
					DAL	T Tr.	TORE				1	YES 2 NO				
ַּוּ	10a. STREET AND NUMBER					101	. ZIP CODE		18	10g. CITIZ	ZEN OF WN	AT COUNTRY?				
FUNERAL	7920 SCOTTS LEVE						21208				USA					
	11. MARITAL STATUS  1 Never Married 2 Married PORCES? 1 YES 2 VIN			MED			ENDENT OF HISPAN ecify Cuban, Maxican			r No-	14. RACE -	- American Indian,				
B	3 ∑Widowed 4 □ Divorced IF YES, GIVE WAR OR OATES TO						2 NO Specify				Specify:					
	15. DECEDENT'S EDU	CATION	10. 000	CEDENTIO		· · · · · · · · · · · · · · · · · · ·						WHITE				
COMPLETED	(Specify only highest grade	completed)	(Gr	ve kind of w Do NOT us	USUAL OCCI rork done duri e retired )	ing mo	ost of working	16b. KIND 0	F BUSIN	NESS/INO	USTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)		EWIFE				T 110	2002						
5	17. FATHER'S NAME (First, Middle, Lest)			11003	EWITE E	_	18. MOTHER'S NAI		r HC		I  YES 2 NO  COLOR OF WHAT COUNTRY?  USA  O					
Ö	JULIUS	19	SAWETSKY	,							OT ET COLO					
00	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (S	Street a	IDA and Number or Rural R									
2	MRS. LEIGH L. ZI	MI.TN	1									MD 21215				
	20a. METHOD OF DISPOSITION		20b. PLACE A													
								194								
							22. NAME AND ADDRESS OF FACILITY									
SOL LEVINSON & BROS., IN																
-	23. PARTAL Enter the diseases, or	compileations that	caused the de	eth. Do n	ot enter th	OOT	de of dving such	RIOWN RI	D.	BAJ_'J	0.,					
ł	Interval Batween															
- 1	disease or condition								Unset and Death							
H	reaulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):									-						
z	Sepsis															
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF	):	0	+ 0	0								
5	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events															
<u></u>	that initieted events reaulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE OF	هــو ژ	_										
Ħ H	that initiated events resulting in death) LAST  d. Com cultification (OR AS A CONSCIUENCE OF):															
ا پَـ	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY PINDINGS															
3	1) She of clerchic Conditions Cally ()() PERFORMED?							C	OMPLETION OF CAUSE							
3	CLUVE 10 DFD															
≥	To Lee Care Dudicet															
Ž	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
<u> </u>	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	a Hom	e 5 🗆 Residence	6 Other (Specifi	()							
PHYSICIAN: M	27. MANNER OF GEATH	28a. DATE OF (Month, D	INJURY	28b. TIME		sc. INJ	URY AT	28d. OESCRIBE H		URY OCC	URED					
2	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, lear)	INJ			YES 2 NO									
2	3 Suicide a Could not be	28e. PLACE O	F INJURY - At hor	me, 1erm, s	treet, factory	, offic	•	281. LOCATION (S City or Town,	Street and	and Number or Rural Route Number,		ite Number,				
	4 Homicide datermined	1							0.0.0,							
2		CIAN: To the best of	my knowledge, dea	nth occurre	d at the Sme	, date	and place, and due	to the cause(a) an	d manne	or an etete	id.					
COMPLE	one) 2 MEDICAL EXAMINE	R: On the basis of e	camination and/or in	nvestigatio	n, in my opin	ilon, d	eath occured at the	lime, data and pla	ce, and c	dua to the	cause(a)	and menner as stated.				
2	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUM				SIGNEO (A	fonth, Day, Year)				
	Philthrow	engri	رح				DIA)	23		<b>&gt;</b>	111	16/97				
=	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEN	27) (Type,	Print)			1.		£)	1					
	10201, Buly	/11case	ملك	- K	ar	$O_{\ell}$	25124	wack	70	1	اس					
	31. DATE FILED (Month, Day, Year)	1/9	R'S SIGNATURE													
	NOV 29 1994	Jalin Dan	item-Roude													



THE HOSTIVE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE THERE ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

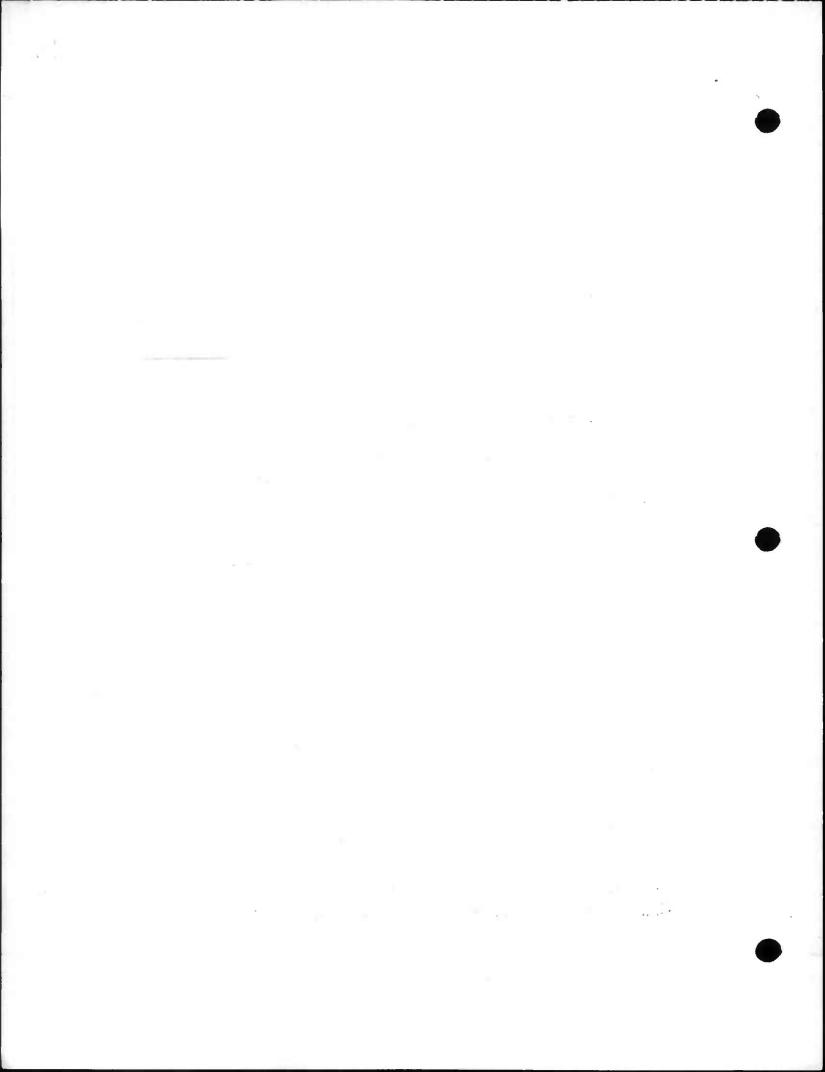
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)					TE OF DEATH 3. TIME OF DEATH			ГН		
	ESTHER N	GRAZIO		NOV 27 1994 12:15 P							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)    F UNDER 1 YEAR    F UNDER 24 HRS.   7. DATE OF BIRTH						8. BIRTHPLACE (State of Country)		E (State or Fo	oreign
	067-10-9176 9a. FACILITY NAME (If not institution, give str	88	h CITY TOWN O	13,	906 9c. COUNTY	N. Y	7.				
HO	8701 HAYSHED LANE #24			96. CITY, TOWN OR LOCATION OF DEATH  COLUMBIA  HOWAF							
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10-0174	CITY, TOWN OR LOCATION 10d. INSIDE CIT							
DIRECTOR	MD HOWA			DLUMBIA							
	10e, STREET AND NUMBER				. ZIP CODE			10g. CITIZEN		COUNTRY?	NO
FUNERAL	8701 HAYSHED LANE	E # 24			21045			USA	1		
5	11, MARITAL STATUS 1 ☐ Never Married 2 ☐ Married  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ 1			13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN	? (Specify Yee	or No — 14,	RACE - A Black, Wh	merican Indi	en,
B	3 📉 Wildowed 4 🗌 Divorced				2 NO Specify		ioun, aice)	:	Specify:		
	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S US	USUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY							
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of work life. Do NOT use re	nd of work done during most of working VOT use retired.)					2002 1000 1000			
MP		10112				OWN HOME					
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA							
BE	JOSEPH DEDONATO  190. INFORMANT'S NAME (Type/Print)	)	TANK MARING AS	000000	ANGELIN		CLEME				
2	JOSEPH A. GRAZIOI	LI (SON)	689 FA		nd Number or Rural F			RK, MD		146	
	20s. METHOD OF DISPOSITION	20b.	PLACEANDDATEOF			DATE		ATION — City			
	1 M Burlet 2 Cremellon 3 Removal from State 4 Donation 5 Other Specify CALVARY CEMETERY DEC. 1, 1994 LONG ISLAND, NEW YORK										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME										
	Lussellas	~ go			TWIN KNO						
	23. PART i. Enlar the diseases, or co	emplications that coused	the deeth. Do not	enter the mo	de of dying, such	h es cerd	lac or reepin	atory arrest	,	Approxim	ata
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in deeth)  a. Carolio my or fathy with failure  DUE TO (OR AS A CONSEQUENCE/OF):										
	DUE TO (OR AS A CONSEQUENCE/OF):  Dysphagia										
NO.	Sequentielly list conditions, if any, leading to immediate	DUE TO (ORVAS A	CONSEQUENCE OF):	•							
SAT	cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
Ä	d										
AL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR										
							PLETION OF				
WE							1 _ YES 2 _ NO			NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO X UNCERTAIN I										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  BY A CASE REFERRED TO MEDICAL  28. PLACE OF DEATH (Check only one)  OTHER:										
HYS	1 YES 2 NO 27. MANNER OF DEATH	1   Inpetient 2   ER/Ouip	28b. TIME O	Nursing Home				IIIIBY OCCUB	E0.		
Y P	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK?	28d. DEŞCRIBE HOW INJURY OCCURED					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, larm, stra:	at, factory, office		281. LOCA	TION (Street a	eet and Number or Rural Route Number,			
1	4 Homicide determined	building, atc. (Specify)									
COMPLETED		IAN: To the best of my knowl									
충	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.								tated.		
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	75 17	0		29c. LICENSE NUN	MBER		29d. DATE SI			
2	30. NAME AND ADDRESS OF PERSON WHO	euna fi	y81 cian		1)30	///		▶ //-		94	
	Gan W. Jones	MD //30	2 Ptopo, Pri	Dr.	Rela	-110	WJ	1070			- 1
	31 TO 11 SP (Month, Ray Year) 1	MCS MD 1/305 Pitsea Dr. Bellsville Md 20705  1. 12 REGISTRARY CONNETTIRE									
	MU V 0 1994 916	A Property Wards	A								- 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
thin 24 hou	etely filled i	emation, or	nt, the m
executed wi	and comple	to burial, cre	matic ever
rtificate be	ig physician	liene prior t	other traus
th ce	endin	Hyg	00
the deal	y the att	nd Menta	injury,
that	ber b	ith ar	any
requires	been sign	. of Hea	shows
e law	has	Dep	23
Ē	cate	State	itеп
ICIA	ertifi	the	ö
NG PHYS	fter this c	eath with	marked,
	44	Р	69
END	9	ter	-
ATTENDI	LECTOR:	rs after	п 28 і
L OR ATTENDI	DIRECTOR:	hours after	item 28
PITAL OR ATTENDI	ERAL DIRECTOR:	n 72 hours after	T: If item 28 i
HOSPITAL OR ATTENDI	FUNERAL DIRECTOR:	within 72 hours after	TANT: If item 28 i
THE HOSPITAL OR ATTENDI	THE FUNERAL DIRECTOR:	iled within 72 hours after	ORTANT: If item 28

ITEM: 16b, PER F.H. FILM G-717 11/29/94 t.t

FOR
STATE
STATE
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)								T	3. TIME OF OEATH
	Christopher B.				George			4 1994		M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
- 3	217-46-2482	1 💢 M 2 🗆 F	46	YRS.	MONTHS DAYS	HOURS MIN.	July 30 1	948	Vir	ginia
	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					
DIRECTOR	2500 Carroll Mill Road Phoenix Baltimore									re
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION			- 1	10d. INSIDE CITY
BI	Maryland Balti	more		1	Phoenix					LIMITS?
	10e. STREET AND NUMBER			L	10	f. ZIP CODE		10g. CIT		HAT COUNTRY?
FUNERAL	2500 Carroll Mill	Road				21131		ı	USA	
5		12. WAS OECEDEN	T EVER IN U.S. ARI	MEO			NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 S 3 Widowed 4 Divorced FYES, GIVE WAR OR DATES				1 TYES	White				
	15. DECEDENT'S EOUCA (Specify only highest grade co	TION	16a. DEG	CEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INI	DUSTRY	
		College (1-4 or 5+	life	Do NOT us	work done during mo se retired.)	ost of working				
P P	(	6	Mi	anag	er		Restaurant NIGHT CLUB			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Basil George						<u>phia Bakir</u>			
2	190. INFORMANT'S NAME (Type/Print)		196				Route Number, City or Tow		,,	
	Donna T. George			-			., Phoenix			
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remove 4  Donation	al from State	cemetery, crer	natory or o	OF DISPOSITION (Na ther place)	arne of	11/26/94	CATION —	City or Tow	n, State
	21. SIGNATUME OF EMPERAL SERVICE LICEN	usen	Στ.	Jonn	'S, LONG	g_Green ND ADDRESS OF FA	111 / 26 / 194	Hyd	es, N	1D
		Jonnos					eral Home			
_		emmon			10 V	V. Padon	ia Rd., Ti	moni	ium,	MD 21093
	ahock, or haart failure. List only one cause on each line.									Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death		
1	a. Melayona  DUE TO (OR AS A CONSEQUENCE OF):								2 years	
_		502 10	(OII AS A CONSEC	DENCE OF						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									
CAT	cause. Enter UNDERLYING									
Ė	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
EH	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED? AN							AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	1 YES 2 NO OF DE								OF DEATH?	
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
IA	25. WAS CASE REFERRED TO MEDICAL				TH (Check only one)	2 OTTOEKIAN	, , ,			
Sic		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Horn	ne 5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM		JURY AT	28d. DESCRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, ferm, a	street, fectory, offic		281. LOCATION (Street & City or Town, State)	nd Number	r or Rural Ro	uta Number,
	4 Homicide determined									
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL									
Ö	one) 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the fime, date end place, and due to the ceuse(s) end menner ee stated.									end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN	ABER	R 29d. DATE SIGNED (Mont		
	Laurence Que	sten 1	Worke,	MB.		0238	09		11/25	194
2	30. NAME AND ADDRESS OF PERSON WHO									
1	Laurence Austin I				<u>Universi</u>	ty Hospi	ital, Balto.	. , M	D	
	31. DATE FILEO (Month, Day, Year)	A	R'S SIGNATURE							
- 1	NOV 29 1994	John Da	milem-Rank	حاله						

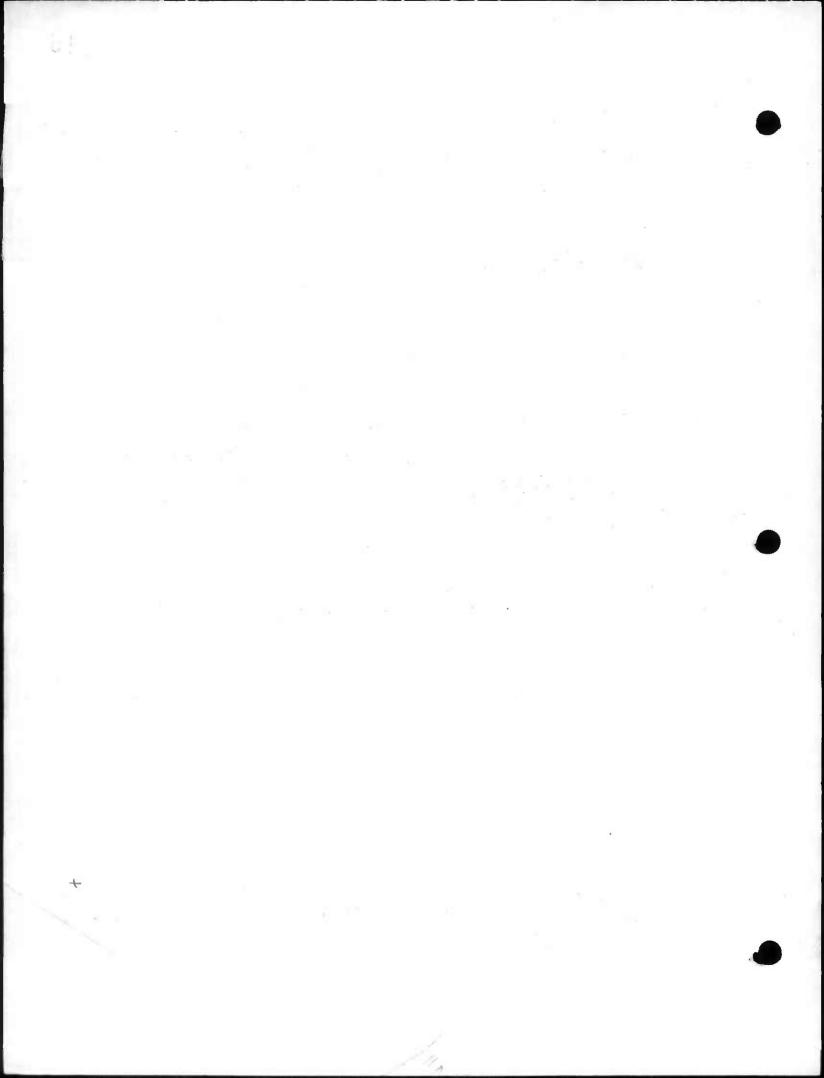


## DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. A hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygher prior to build, cereations, or removal.

IMPORTANT If fam 28 is marked or Hem 23 shows any injury or other transmatte event, the medical examiner must be metitled at none.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	-	
	1. DECEDENT'S NAME (First, Middle, Last)  ANITA	GREEN			2. DATE OF DEATH DO 1	7 9 <sup>VE</sup>	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs	( last birthday) IF UND	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  \$ - 13 - 0	8.1	BIRTHPLACE (State or Foreign Country)
H.	90. FACILITY NAME (If not Institution, give stre			Y, TOWN OR LOCATION OF D		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	.,, .,,	10c. CITY, TOWN	And the second			10d. INSIDE CITY
	10e. STREET AND NUMBER		BAR	101. ZIP CODE		10g. CITIZEN	1 TYES 2 NO OF WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER IN U.S.		2/20 WAS DECENDENT OF HISPA		or No- 14.	RACE — American Indian, Black, White, etc.
₽	1 Never Merried 2 Merried 3 Widowed 4 Volvorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES		Il yes, specify Cuben, Maxico 1 TYES 2 NO Specifi			Specify: Black
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION ompleted)  College (1-4 or 5+)	Give kind of work done iffe. Do NOT use retired.	during most of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1000		AME (First, Middle, Maiden	Sumeme)	
BE	19e. INFORMANT'S NAME (Type/Print)	UNK	19b. MAILING ADDRE	SS (Street and Number or Rural	NK Poute Number, City or You	m, State, Zip Coo	ie)
일	Ruth Mon	roe	861 Par		Timore ind.	ZIZ	
	20a METHOD OF DISPOSITION  Suriel 2 Cremation 3 Remov  4 Donetion 5 Other (Specify)		CEAND DATE OF DISPO	9)	11/1/11/1	WS/100	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	and a	22	. NAME AND ADDRESS OF FA			
	1/1/11/11		- 6	038 N. G.			21217
	23. PART I Enter the diseases, or co shock, or heart failure Li	implications that ceused the	death. Do not ente	er the mode of dying, suc	ch ss cerdiac or resp	iratory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0:0000		111-100			Onset and Daath
	resulting in death) a.	RESPIRATE DUE TO (OR AS A COM	SEQUENCE OF):	MILUKE			MINUTES
N O	Sequentially list conditions, b.	CEREBRO DUE TO (OR AS A CON		R ACCIDE	NT		5 DAYS
CAT	If any, leeding to immediate causa. Entar UNDERLYING CAUSE (Disease or injury	HYPERTEN		DIABETE	S MEZ	41705	YEARS
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):				
¥	PART II. Other significent conditions	contributing to deeth but n	ot resulting in the	underlying ceuse given in	Part I. 24e. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC	DEMENTIA CHRONIC RE	ENAC 1010	I EFICIETY	Y	1 YES	2 🗌 NO	OF DEATH?  1 YES 2 NO
2		77/40	7.70000				1 C 165 2 C NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	28. PLACE OF DEATH (C	heck only one)		
YSI	1 Tes 2 No	Inpatient 2 - ER/Outpatien		ursing Home 5 - Residence			
	27. MANNER OF DEATH  1 Natural 5 Pending	/ 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME DF INJURY M	28c, INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — A building, etc. (Specify)	At home, form, atreat, to	ctory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	0.001	IAN: To the best of my knowledge: On the basis of examination and					Nuss(s) and manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			GNED (Month, Day, Year)
) BE	7 . 2	MD		0.	40		27.94
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			BACTIMEY	(E- /	nD.
	NOV 2 9 1994 Ju	32 REGISTRAR'S SIGNATUR	RE				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	FOR STATE REGISTRAR		STATE OF P	MARYLAN		ARTMEN IFICAT				MENTA	L HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First Willi		Gross							MONT			YEAR	3. TIME OF DEATH 4:15p M
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. lest birthd	MONTHS	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE (Mont	OF BIRTH		6. BIRT	HPLACE (State or Foreign
	210 03 374		1 M 2 F	75	YR		THE TRANSPORT			Uai	nuary	0,	PILC	higan
OR B	Shady Grov	re Adv	ventist	Nurs	Cente Sing	r Ro	b. CITY, TOWN OR LOCATION OF DEATH  ROCKVILLE					Montgomery		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	1		10c.	CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland 100, STREET AND NUMBER	Mont	gomery			Ro		ille						LIMITS?
FUNERAL	9701 Medic	al Ce	enter D	rive			10	f. ZIP COD 20	€ 850				SA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 JE YES GIVE V	XYES	2 NO	13	If yes, sp	ENDENT ( pecify Cubic 2 Mino	en, Mexica	in, Puerto	N? (Specify Yea Ricen, etc.)	or No-	14. RAC Blac Spec	E — American Indian, ik, Whita, etc.
ED	15. DEC	EDENT'S EDU	CATION	10	Ba. OECEDEN	T'S USUAL	OCCUPATI	ON		168	b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5		Corpo	of work done Tuse retired.				E	Food S	Serv	ice	
	17. FATHER'S NAME (FIRST, M Morris Gro							18. MOT			Middle, Maiden		<u></u>	
BE	19a. INFORMANT'S NAME (7				19b. MAIL	NG ADDRES	SS (Street a				DIIVE			
5	Allen Gros				103	05 N	olar	Dri	ve,	Roc	kvill	e,	MD	20850
	1 Buriel 24 Acrematic 4 Donation 5 Other	n 3 🗆 Reme	oval from State	206. PL Cemete Met	ACE AND DA	TEOFDISPO	n Cr	eme of ema	11/3	2274	7E 20c. LOG 94 Ale	cation —	dria	own, State
	21. SIGNATURE OF JUNERA	L SERVICE LIC	ENSEE	,		21	Wes	in the	1150	HTF	unera	1 Hc	omes	
Щ	Mu	eoua	u pa	lu	_							2046		
	23. PART I. Enter the dishock, or himmediaTE CAUSE (Findiseese or condition resulting in death)	eert fellure.	List only one cet	ise on each	on p				ing, auc	h ea can	diec or respi	ratory ar		Approximate interval Batween Onset and Death
	rooting in oddin,		DUE TO	(OR AS A CO	ONSEQUENCE	OF):	1. 1							re e days
ATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CO	epho	ropa	cny	(C-	J Di	isea	ise)		Sli	nce 1992
CERTIFICATION	CAUSE (Disease or Inju thet initiated events resulting in death) LAS	· .	DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
	PART II. Other algnifice	nt condition	a contributing to	deeth but	not resultin	a in the u	nderlyin	O COURS	given in	Part i	24a. WAS AN	ALITOREY	1 24	. WERE AUTOPSY FINDINGS
MEDICA		epsis									PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
														1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF O	EATH (Ch	eck only or	ne)			
IX	1 YES 2 NO		1 Inpatient 2		-	4 12/00	irsing Hom		esidence		er (Specify)		_	
ву Р	1 🔀 Natural 5 🗌	Pending investigation	28a. DATE OF (Month, D		286.	TIME OF INJURY M		URY AT PRK? YES 2	] NO	28d. DE	SCRIBE HOW IN	IJURY OC	CURED	
<u>a</u>	3 Suicide 8 .	Could not be determined	26s. PLACE O building,	F INJURY — atc. (Specify)	At home, feri	n, street, fa	ctory, offic	•		28f. LOC City	CATION (Street a or Town, State)	nd Numbe	r or Rural	Route Number,
COMPLET			CIAN: To the best of											a) and menner as steted.
	295 SIGNATURE AND TITLE						-		ENSE NUN		and place, and			
) BE	MA	ALG	uan	100					2610					(Month, Day, Year) Der 21, 1994
5	THOMAS J.	PERSON WHO	ara,560	SE OF OEATH	ields	rpe, Print)	. Re				208		velut	DEL 21, 1994
	31. BATE FILEO (Month Day C		11 320 Emples		nde.		, 50			- 110	200	- 1		
	MOAM	0												

4 10 mg - 4 10 mg - 5 10 m

-	
9	
CA	
0	п
0	
·	
10	
47	
_	
N	
44	
<u> </u>	
CA	
_	
-	
~	
-	
-Q	
	1
_	
>	
00	
-	J.
d	
-	19
-5	11
-	
-	
111	-
-	
Of	
	ø
0	
_	
5	
	1
-	6
BALTIMORE, MARYLAND 21215-0020	4
	Ш
•	3
-	
**	1
	3
	- 1
-	
	и
_	- 14
0	3
9	
292	
1760	And the same
8760	A
68760	
68760	A STATE OF THE PERSON NAMED IN COLUMN
X 68760	The state of the state of
X 68760	A Comment of the Comm
09289 XC	And the second second
OX 68760	the fact that the same of the
BOX 68760	And the second second
BOX 68760	Annah has been dead and
. BOX 68760	the same has seen as a see of
D. BOX 68760	Address has seen that the
O. BOX 68760	and the same and and and
O. BOX 68760	and the same and and and
P.O. BOX 68760	the named of the owner, the
, P.O. BOX 68760	and a said for the same of the
3, P.O. BOX 68760	Acres to the same has been dead in the
S, P.O. BOX 68760	Should no still not be not dead in the
OS, P.O. BOX 68760	the should need the need of the
DS, P.O. BOX 68760	the deadh and the he are dead into
RDS, P.O. BOX 68760	to the density and the same has seen to be
NRDS, P.O. BOX 68760	had the death and there has never dead into
ORDS, P.O. BOX 68760	these the deadh and there he was dead into
ORDS, P.O. BOX 68760	to these the death and force he considered into
CORDS, P.O. BOX 68760	the short the death and former has never and
<b>ECORDS, P.O. BOX 68760</b>	these these standards and the same has seen to be
ECORDS, P.O. BOX 68760	designed these often density and the name has not as in
RECORDS, P.O. BOX 68760	manufactor offices that double and the same has not also
RECORDS, P.O. BOX 68760	and the state of the state of the state of the same of
L RECORDS, P.O. BOX 68760	and the state of the state of the state of the same between the same of the state o
AL RECORDS, P.O. BOX 68760	The section that the dank and the he will not
AL RECORDS, P.O. BOX 68760	the second of the standard days the second s
FAL RECORDS, P.O. BOX 68760	The state of the s
TAL RECORDS, P.O. BOX 68760	The state of the s
ITAL RECORDS, P.O. BOX 68760	
VITAL RECORDS, P.O. BOX 68760	Annual Transfer of the Contract of the Contrac
VITAL RECORDS, P.O. BOX 68760	The state of the s
F VITAL RECORDS, P.O. BOX 68760	Control of the contro
JF VITAL RECORDS, P.O. BOX 68760	Andrew The Control of the Control of
OF VITAL RECORDS, P.O. BOX 68760	The state of the s
OF VITAL RECORDS, P.O. BOX 68760	The state of the s
N OF VITAL RECORDS, P.O. BOX 68760	Supplied the last the state of
IN OF VITAL RECORDS, P.O. BOX 68760	The state of the s
ON OF VITAL RECORDS, P.O. BOX 68760	The state of the s
ION OF VITAL RECORDS, P.O. BOX 68760	Date of the state
SION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
SION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
ISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
VISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
IVISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
DIVISION OF VITAL RECORDS, P.O. BOX 68760	AND ANTERIORIS CONTROL TO
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

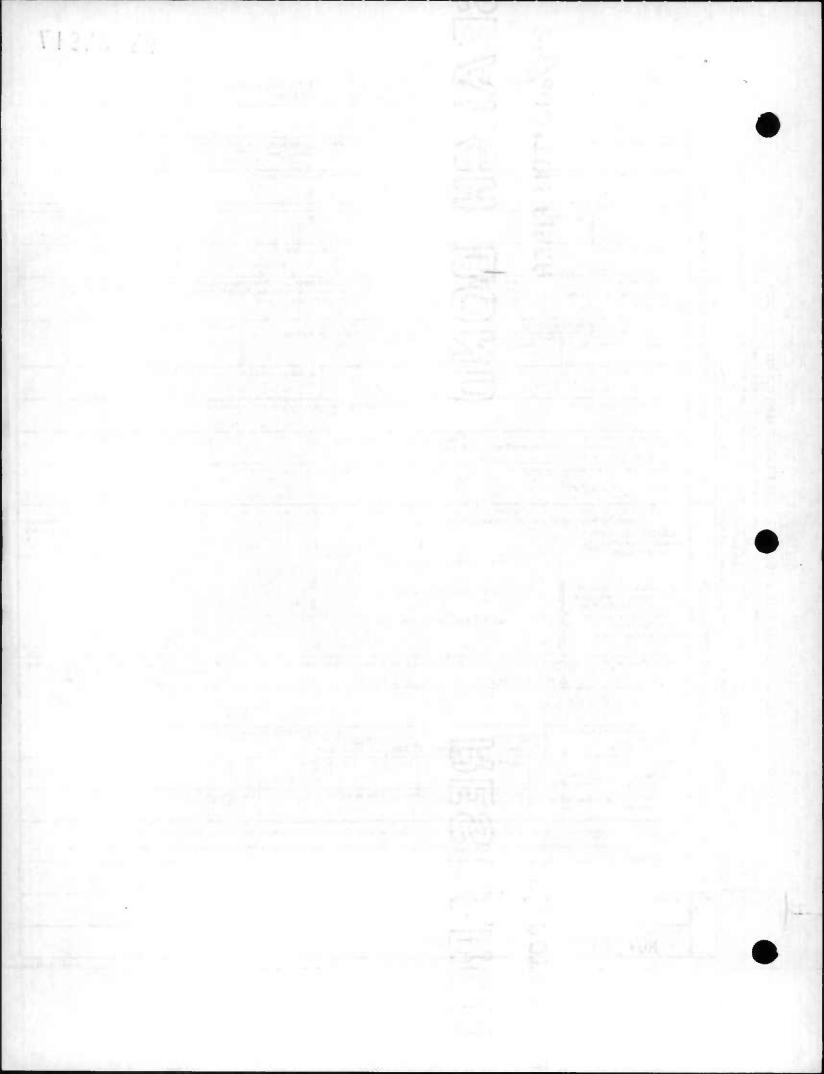
1 - STATE REGISTRAR		OINIE OI II	MARYLAND /	RTIFICA				EG. NO.		
1. DECEDENT'S NAME (Firs	R A	9 8	H	ARR	15		2. DATE OF I	DEATH DAY	YEAR 9 4	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 213-14-0]	110	5. SEX 1 M 2 A F	6. AGE (In yrs. lest	YRS. F UM MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Date OCt ]	18, 191	Cour	THPLACE (State or Foreign litry)  1timore
90. FACILITY NAME (# not )  Northwest	Hospi		er			lstown	DEATH		COUNTY OF Balti	7-70
100. STATE  MD	10b. COUNT	Υ		10c. CITY, TOW Balt	imore	-511				10d. INSIDE CITY LIMITS? 1 YES 2 NO
201 N. Bro		Apt. 2M	2N		101	2123.	1	10g.	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 3 Widowed 4 Div	Married	12. WAS DECEDEN	T EVER IN U.S. ARI		If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	an, Puarto Rican	pecify Yes or No i, etc.)	Ble	CE — American Indian, ck, White, etc.
15. DE (Specify or Elementary/Secondary (	CEDENT'S EDU nly highest grade (0-12)	Cation completed) College (1-4 or 5	(Gr	CEDENT'S USUAL Ve kind of work do Do NOT use retired OUSEWIT	ne during mo d.)	ON st of working	16b. KIN	At Ho		
17. FATHER'S NAME (Flist, I	bin						Shnei	der		
190. INFORMANT'S NAME ( Albert Rub	oin			6719 Gr	eensp	nd Number or Rural	e Balti	more M	D 212	
20s. METHOD OF DISPOSI 1 XBurlel 2 Cremetl 4 Donation 8 Othe	on 3 - Rem er (Specify)	oval from State	cametery, crer	ND DATE OF DISP	ce)		DATE	20c. LOCATION	N — City or	Town, Stete
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE C	the	o Kodes	h 2. NAME AF	NOV 25 D ADDRESS OF FA LEVINSON	ACILITY		ltimo	re
23. PART I. Enter the	diseasea, or heart fallure.	complications the Liet only one cat	the de	ath. Do not end	SOL 6010 For the mo	ID ADDRESS OF FA LEVINSON REISTEN de of dyling, suc	N & BRC	S., IN	C. ALTIM	ORE, MD 212 Approximate interval Betwee Onset and Dec
23. PART I. Enter the a shock, or I IMMEDIATE CAUSE (Fi disease or condition	diseases, or heart failure. inel	complications the Liet only one cat a	it ceused the del pse on each lina.	ath. Do not end  JEUA  DUENCE OF):	SOL 6010 For the mo	ID ADDRESS OF FA LEVINSON REISTEN de of dyling, suc	N & BRC	S., IN	C. ALTIM	ORE, MD 212 Approximate interval Betwee Onset and Der
23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition, it is a sequentially list condition, it is a sequentially list condition, cause. Enter UNDERLY CAUSE (Disease or injust) that initiated events	diseases, or neart failure. Inclinations, adiate //ING urry	a. DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION	ath. Do not end.  JEUA  DUENCE OF):  DUENCE OF):  DUENCE OF):	h 12. NAME AN SOL 601C ter the mo	D ADDRESS OF FALEVINSON  REISTER  de of dying, suc	ACILITY N & BRC RSTOWN th as cardlec	S., IN	C. ALTIMO	ORE, MD 212
23. PART I. Enter the ahock, or I immediate CAUSE (Fi disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAST II. Other algnific AST II. Other algnific CAUSE (Disease or injust) and the cause of the caus	diseases, or neart failure.  Inel  tions, ediate // (ING ury)  ET CAR  STAS	DUE TO  DUE TO  DUE TO  DUE TO  C.  DUE TO  DU	(OR AS A CONSECTION OF AS A CONS	ath. Do not end.  JEUA  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):	L2. NAME AN SOL 601C for the mo	D ADDRESS OF FALEVINSON  O REISTER  de of dying, such  A  Control	N & BRC RSTOWN the as cardlec  Part I. 24a  1 [] heck only one)	S., IN ROAD B, or reapiratory PERFORMED? YES 2 NO	C. ALTIMO	Approximate interval Between Onset and Des G J A L C G J A L C G J A L C G J A L C G G G G G G G G G G G G G G G G G G
23. PART 1. Enter the ahock, or I immediate Cause (Fi disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Later UNDERLY CAUSE (Disease or injury in the initiated events resulting in death) Later Cause (Disease or injury)  PART II. Other aignification of the condition of the	diseases, or neart failure.  Inel  tions, ediate // (ING ury)  ET CAR  STAS	a. DUE TO b. DUE TO d. DUE TO d. CINO MA  CONTRIBUTE OF (Month, D  28e. PLACE OF	(OR AS A CONSECTION OF AS A CONS	ath. Do not end  JEUA  JUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  A COTH  4   N  28b. TIME OF  INJURY  M	L2. NAME AN SOL 601C ter the mo	D ADDRESS OF F/ LEVINSON D REISTER de of dying, suc A  G ceuse given in TH  ACE OF DEATH (C) S S Residence URY AT RK7 (ES 2 NO	ACILITY N & BRC RSTOWN th as cardlec  1 Part I. 24a 1 [ heck only one) 8   Other (Sp 28d, DESCRIE	WAS AN AUTON PERFORMED?  YES 2 NO	C. ALTIMO PARTEST, PSY 24	Approximate interval Batwe Onset and Dei G J A L C C S C C C C C C C C C C C C C C C C

one)		urred at the time, date and place, end due to the cause(e) and mustion, in my opinion, death occured at the time, date and place, o	
296. SIGNATURE AND TITLE OF CERTIFIER	ly	29c. LICENSE NUMBER D37333	DOV 24, 94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOV 29 1994

DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending truth. The functal director, page 5 should be detached for use as the be detached for use as the set within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nding	is the		
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital of the LARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for thim 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  NAT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	r atte	use a		
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the host MEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  NRT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	oital o	of b		
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the NEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  NRT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or	sou a	stache		nce.
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained with DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should than 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the	be de		at o
CONTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retermined the CIDN steer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	peui	hould		fled
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may to the ATTENDING PHYSICIAN: The law requires that been signed by the attending physician and completely filled in by the funeral director, pagation 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  NAT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	e reta	e 5 s		not
CONTRICTOR PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 the ALEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction than 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	may t	r, pag		st be
CONTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Pa INTENDING PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral of thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ge 6	lirecto		T MU
OCENTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after deal with the transfer of the four that the four the four the four that the four	fh. Pa	eral d		mine
OCETIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after the COMPIECTOR. After this certificate has been signed by the attending physician and completely filled in by the thinn 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove INT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	r deal	e fun	- 25	exa
CRATAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hour MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in them. 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or MIT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the me	s afte	P (d	гетом	dicai
CCF17AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with MEAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitting. 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation MT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the	HOU	lled in	1, 0	e me
OCETIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with MERAL DIRECTOR: After this certificate has been signed by the attending physician and complement 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creament if item 28 is marked, or item 23 shows any injury, or other traumatte even	7	tely fi	mation	t, th
OCE-ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. BERAL DIRECTOR: After this certificate has been signed by the attending physician and continuin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial INT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	ed wit	ошрів	il, cre	even
OCE-TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be earlied. IN THE ALL DIRECTOR: After this certificate has been signed by the attending physician in 72 hours after death with the State Dept. of Health and Memal Hygiene prior to MT. If Item 28 is marked, or item 23 shows any injury, or other traum.	xecute	and c	buria	atic
OCE-ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate with MEAL DIRECTOR: After this certificate has been signed by the attending physician 72 hours after death with the State Dept. of Health and Mental Hygiene p. NAT. If Item 28 is marked, or item 23 shows any injury, or other It	De e	ician	rior to	Iraum
CONTAL DR ATTENDING PHYSICIAN: The law requires that the death cert with ALL DIRECTOR: After this certificate has been signed by the attending thin 72 hours after death with the State Dept. of Health and Mental Hygis INT. If Item 28 is marked, or Item 23 shows any Injury, or of	ificate	phys	ene pi	her 1
OCETTAL DR ATTENDING PHYSICIAN: The law requires that the deat MERAL DIRECTOR: After this certificate has been signed by the attritum 72 hours after death with the State Dept. of Health and Mental MIT. If Item 28 is marked, or item 23 shows any injury,	h cert	anding	Hygi	0r 0t
OCHTAL DR ATTENDING PHYSICIAN: The law requires that the MERAL DIRECTOR: After this certificate has been signed by the firm 72 hours after death with the State Dept, of Health and IMT. If Item 28 is marked, or Item 23 shows any In	e deat	ne att	Menta	lury,
CONTAL DR ATTENDING PHYSICIAN: The law requires the MREAL DIRECTOR: After this certificate has been signed thin 72 hours after death with the State Dept. of Health MIT. If Item 28 is marked, or item 23 shows an	at the	by th	and	ıy in
OCK-ITAL DR ATTENDING PHYSICIAN: The law requirement DIRECTOR: After this certificate has been size hours after death with the State Dept. of Ham 28 is marked, or item 23 show	res th	igned	ealth	vs ar
OCE-ITAL DR ATTENDING PHYSICIAN: The law with DIRECTOR: After this certificate has be then 72 hours after death with the State Dept NAT: If Item 28 is marked, or Item 23	requi	seen s	Of H	shov
OS-17AL DR ATTENDING PHYSICIAN: The IMPERAL DIRECTOR: After this certificate iffin 72 hours after death with the State MT: If Item 28 is marked, or Item	e law	has t	Dept	п 23
OS-TAL DR ATTENDING PHYSICIA MERAL DIRECTOR: After this certi film 72 hours after death with the ANT: If Item 28 is marked, or	T W	ficate	State	iten
OSPITAL DR ATTENDING PHY UNERAL DIRECTOR: After this Uthin 72 hours after death wit UNT: If Item 28 is marke	SICIA	certi	th the	d, 0r
OS-ITAL DR ATTENDINI UNERAL DIRECTOR: After Ithin 72 hours after dea	3 PH	er this	th wit	arke
DS-17AL DR ATTE UNERAL DIRECTOR IIInn 72 hours afte INT: If item 28	NIQN	3. Afte	r dea	E SI
OS-1TAL DR LINERAL DIR IIII 72 hou NNT: If Iten	ATTE	ECTOF	rs afte	п 28
CINERA UNERA UNIT. II	IL DR	L DIR	2 hou	f iter
W 12 5 W	Ties	MERA	Tull 7	H
五五五日	美	世史	ed wit	DRITA
9 22	9	5	20	ě

													) L	34918
	1 - FOR STATE REGISTRAR		STATE OF M		/ DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle,	Last)									E OF DEATH			3. TIME OF DEATH
1 1	Naomi		Но	orn						Nove	ember 2	6, 1	994	м
	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yrs. I	ast birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN		6. BIRTN	PLACE (State or Foreign
	215-42-7119	1	☐ M 2 🔀 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		13, 19	05	Mar	yland
	9e. FACILITY NAME (If not institution,	give street	and number)			9b. CIT	Y, TOWN O	R LOCATIO					INTY OF D	<del>-</del>
%	Old Court Nu	ursi	ng Home				Rand	alls	town	1			Balt	imore
5	RESIDENCE OF DECEDEN													
DIRECTOR							OR LOCAT							10d. INSIDE CITY LIMITS?
		Ltim	ore Co.		Man	rrio	ttsv:							1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER		_				101.	ZIP CODE						VHAT COUNTRY?
밀	4214 Wards Ch							2110					USA	
5	11. MARITAL STATUS  1 Never Married 2 Merried		FORCES? 1	TEVER IN U.S. A		13.	WAS DECI	ENDENT O	F NISPAN	IIC ORIGI	N? (Specify Yee Rican, etc.)	or No-	14. RACE Black	— Americen Indian, t, White, atc.
à	3 🔀 Widowed 4 🗌 Divorced		IF YES, GIVE W	AR OR DATES			1 TYES	2 📉 NO	Specify	c.			Spec/	<sub>ty:</sub> h <b>i</b> te
	15. DECEDENT'S	S EDUCAT	ION	16e F	ECEDENT'S	IISHAL C	CCI IPATIO	N		161	b. KIND OF BUS	IMEGG/IM	•	iiite
	(Specify only highest Elementary/Secondary (0-12)	Ť	npleted) College (1-4 or 5 +		Give kind of e. Do NOT u	work done	during mos	it of workin	9	101	b. KIND OF BOS	ME33/IN	JUSTAT	
COMPLETED	12 years		2011ege (1-4 or 5 +		omema	ker					Own Hor	me		
No.	17. FATNER'S NAME (First, Middle, Las	st)		111	Janema			18. MOTH	IER'S NA		Middle, Maiden			
	Albert Ferrel	.1						Kat	tie .	A. D	avis			
BE (	190. INFORMANT'S NAME (Type/Print)			1	9b. MAILING	ADDRES	S (Street e	nd Number	or Rural F	Route Nurr	nber, City or Town	, State, Zij	p Code)	
유	Mr. David A. H	Horn									rriott			MD 21104
	20e. METNOD OF DISPOSITION			20b. PLACI	ANDDATE	OF DISPO	SITION (Na	me of		DAT			City or To	
	1 IX Buriel 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify)		I from State	Wards	Chap	eT (	emet	ery		11-	-30Rand	alls	town	, MD
	21. SIGNATURE OF FUNERAL SERVICE	CE LICEN	SEE			22	NAME AN	D ADDRES	SS OF FA		ral Di			
	> John V	2	02								Rand			
$\vdash$	23. PART I. Enter the diseases	or com	policetions that	caused the o	laeth Do i				_					Approximata
	shock, or heart fall	lure. Lis	t only one ceu	se on each lir	le.			30 O. ay.	ng, suci		orac or respir	atory si	rost,	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition			(2011	t2 1	111	des	0.6	111	erl				Onset and Daeth
	resulting in desth)	0	DUE TO	OR AS ACCONS	EOUENCE O	FI:	7			0	Suco			
2			/	Men	odes	le (	-avs	kur	Fred	la c	Dies	ne.		j
ERTIFICATION	Sequantially list conditions, if any, leading to immediate	D	DUE TO	OR AS A CONS	EOUENCE O	F):								
S I	cause. Enter UNDERLYING CAUSE (Disease or Injury													ļ
E	that initiated events		DUE TO	OR AS A CONS	EQUENCE O	F):								
H	resulting in death) LAST	d					_							
0	PART II. Other significant cond	ditions c	ontributing to	death but not	resulting	in tha u	nderivino	cause o	ivan in	Part i.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL				^	1 0						PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
				11	ole					_	1 TYES 2	NO		OF DEATH?
Σ	DID TODACCO II	ICE C	ON ITRIBUIT		LICE O	F 0F	A 999 B 1	VEC -	7 N					1 YES 2 NO
PHYSICIAN:	DID TOBACCO U 25. WAS CASE REFERRED TO MEDIC		ONIKIBUI	E TO CA	USE C	r DE		ACE OF D	NO					
	EXAMINER?	Н	OSPITAL:	ED10-4	a 🗆 par	OTHE	R:							
¥	27. MANNER-OF DEATH		☐ Inpatient 2 ☐		28b. TIN		28c. INJ		sidence		er (Specify) SCRIBE NOW IN	I II IBV OC	CUBED	
	1 Natural 5 Pending		(Month, De			IURY M	WO	RK7	I NO	200. DE	SCHIBE NOW IF	SONY OC	CORED	
B A	2 Accident Investigs 3 Suicide		28e, PLACE OF	F INJURY — At I	ome, ferm.	etreet, fer			] 110	281 1 00	CATION (Street a	nd Numbe	v or Rumi I	Pourte Alumbur
	4 Homicide determin		building,	etc. (Specify)		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				or Town, State)	no Hamba	, or ribrer r	van varion,
91	290. CERTIFIER	BUVCICIA	No. To Albanda and						- 4.15.v					
COMPLET			N: To the best of on the bests of ex											) end menner ee stated.
	296. SIGNATURE AND TITLE OF CER		AA	1	anguth	, 1119	- p				- and prace, and		-	
BE	AND THE OF CER	THE PERSON	4//	1641	W V			1	NSE NUN	ABER	,	29d. DAT	2 (D)	Mayor May, Your)
12			100	V	1/ 1			J	04-	14	7	-111	41	

5400 Old Court Road

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

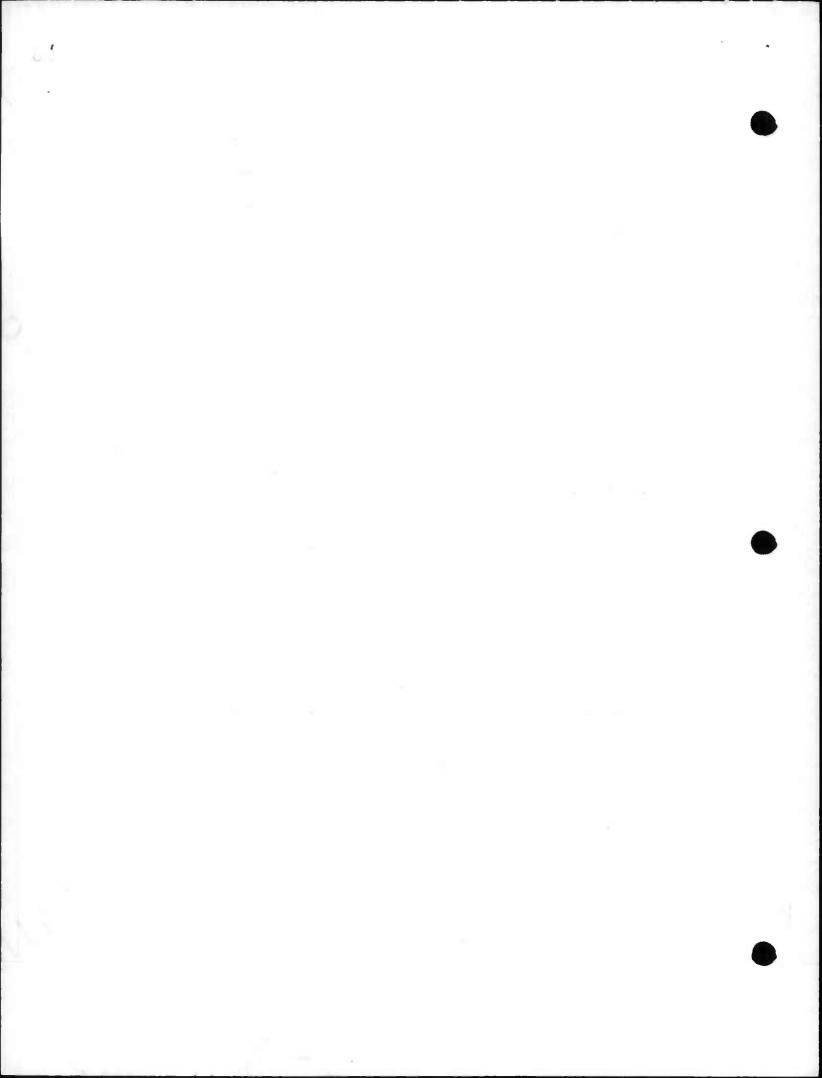
Dr. Leonard H.

NOV 2 9 1994

Golombek

2. REGISTRAN DSIGNATURE

21133 Randallstown, Maryland



-
0
(0)
9289
-
w
6
×
$\mathbf{c}$
BOX
ш
o.
O.
Δ.
_
ഗ
RECORDS,
Cr.
ш.
$\circ$
$\sim$
$^{\circ}$
ш
~
1.0
-
a.
LAL
_
<u></u>
_
OF
0
$\mathbf{\circ}$
_
Z
$\equiv$
C)
_
10
47
_
DIVISION
_
$\cap$
through .

TO THE HUSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within without hearth feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be missing the first permit. Pages 1. 2, 3 should be missing the first permit of the

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF F	WARTL					DEAT		MENTAL HYGIEN REG. NO	E		
	15	1. OECEOENT'S NAME (First, Middle, Last)									2. DATE OF DEATH MONTH DA	47	YEAR	3. TIME OF DEATN
-	ä	RAY LEON				ENDE	RSON				November			4:30 P.M
		4. SOCIAL SECURITY NUMBER	5. SEX		(In yrs. lest	birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	May 17, 1		Count	HPLACE (State or Foreign lry)
		220-14-5306  9e. FACILITY NAME (If not institution, give si	/ /	70		THS.	a 017	TOWN .	OR LOCATIO			924		aryland
	Œ	= -								ON OF DE	AIN		UNTY OF C	
	5	Meridian Multi Med						wson				Ва	ltim	ore
	DIRECTOR	Many Tand						OR LOCA						10d. INSIDE CITY LIMITS?
		Maryland 100. STREET AND NUMBER		-		Bd	ILIII		City	-		T 10- CI	TIZEN OF I	1 🔀 YES 2 🗌 NO
	FUNERAL	916 W. 38th Str	eet					10	2121				.S.A	
	5	11. MARITAL STATUS	12. WAS DECEDEN				13.	. WAS DEC	ENOENT O	F HISPAN	IC ORIGIN? (Specify Yes		14. RAC	E - American Indian.
	BYF	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1			0			2 X NO		n, Puerto Ricen, atc.)		Spec	k, white, etc.  "Hy: White
		15. DECEDENT'S EQU	CATION		18a DEC	PEDENT'S	USUAL C	OCCUPATION	nei -		16b. KINO OF BU	PINECCIN	DUCTON	WILLE
		(Specify only highest grade Elementary/Secondary (0-12)		4)	(G/s	ve kind of a Do NOT us	vork done	during mo	ost of workin	g	ISB. KINO OF BO	SINE SS/IN	DUSTAT	
	됩	7 yr's			Mac	hine	0pe	rato	r		Tex	tile		
OUC	COMPLETED	17. FATNER'S NAME (First, Middle, Last)	-								ME (First, Middle, Malden	Surnama)		
ed at	멾	William  198. INFORMANT'S NAME (Type/Print)	Fran	K		ende		_		essi				oster
ny injury, or other traumatic event, the medical examiner must be notified at once,	2	Mrs. Marie I. Hen	derson		196			#10		or Rural A	loute Number, City or Tow	n, State, Z	ip Code)	
t be		200. METNOD OF DISPOSITION		206	. PLACEA						DATE 20c. LO	CATION -	- City or To	own, State
mus		1 X Buriel 2 Cremetion 3 Remo	oval from State	cen	netery, cren	natory or o	ther place,	)	1	1/30	/94 Ba	ltimo	ore,	MD
niner		21. SIGNATURE OF FUNERAL SERVICE LIC	Paul L	Har				. NAME AI	ND ADDRES	SS OF FAC	Baltimo	re,	MD	21214
еха		tau L Ha	torch.	On				eona	rd J	. Ru	ck,Inc. 5	305	Harf	ord Rd.
edica		23. PART I. Enter the diseases, or o shock, or heart fallure.	omplications the	căuse Ise on a	d tha dea	ath. Do r	ot ente	r tha mo	de of dyl	ng, such	as cerdiac or respi	ratory a	rrest,	Approximate Interval Batween
E 3		IMMEDIATE CAUSE (Final	ST											Onset and Death
int, t		disease or condition resulting in death)	l		CONSEO	UENOE O		_						
c eve	_							2 7	378	=As	F			i
umat	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEC	UENCE O	D .	-		-	_			
or tra	S	cause. Entar UNDERLYING CAUSE (Disease or injury	Di	43 E	ELE	>	MI	EU	TUS	>				
othe	ii I	that initiated avents resulting in death) LAST	DUE TO	(OR AS A	CONSEO	UENCE O	F):							
7,	CE	20000-020	1		-									<u> </u>
in in	CAL	PART II. Other significant condition	contributing to	death b	ut not re	sulting	n the u	nderlyin	g cause g	ivan in I	Part I. 24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
60	EDIC										1 🗆 YES 2	NO		COMPLETION OF CAUSE OF DEATN?
8	2	DID TOBACCO USE CONTR	DIDLITE TO CA	LISE	EDEAT	ru vr	· -	NO E	1 11110	EDTA IA				1 TYES 2 NO
23	AN	25. WAS CASE REFERRED TO MEDICAL	GBOTE TO CA		28. PLACE				JUNC	ERTAIN	ן שבו ו			
	SICI	EXAMINER?	HOSPITAL:	ER/Outp	patient 3	□ DOA	OTHE 4 Nu		e 5 🗆 Ra	eldence	8 Other (Specify)			
ed, or	PHY	27. MANNER OF DEATN	28a. DATE OF (Month, D	INJURY lay, Year)		26b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIBE NOW I	NJURY O	CCURED	
mar	à l	1 Natural 5 Pending 2 Accident Investigation					М		YES 2	NO				
69		3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE O building,	etc. (Spec	— At hon	ne, ferm, s	street, fac	tory, offic	•		281. LOCATION (Street a City or Town, State)	ind Numbe	or Rurel I	Route Number,
貮	5	29a. CERTIFIER	NAM = 0 1 2 2		- T	2/2		- 3-1-34						
É	COMP	(Check only one) 2 MEDICAL EXAMINE									to the cause(e) end mar			and manner as stated
M.		29b. SIGNATURE AND TITLE OF CERTIFIER		7						HSE NUM				(Mgeth, Day, West)
	BE O	James 1	1/1	11	1				D:	348	327	D /	1/28	194
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DE	ATH (ITEM	27) (You	Print)						1	
		James Ebeling M.				ofes	sion	al E	uild	ing,	Towson, M	id. 2	1204	
		NOV 2 9 1994	A PORTEN	1200	WART!									
L		U												J

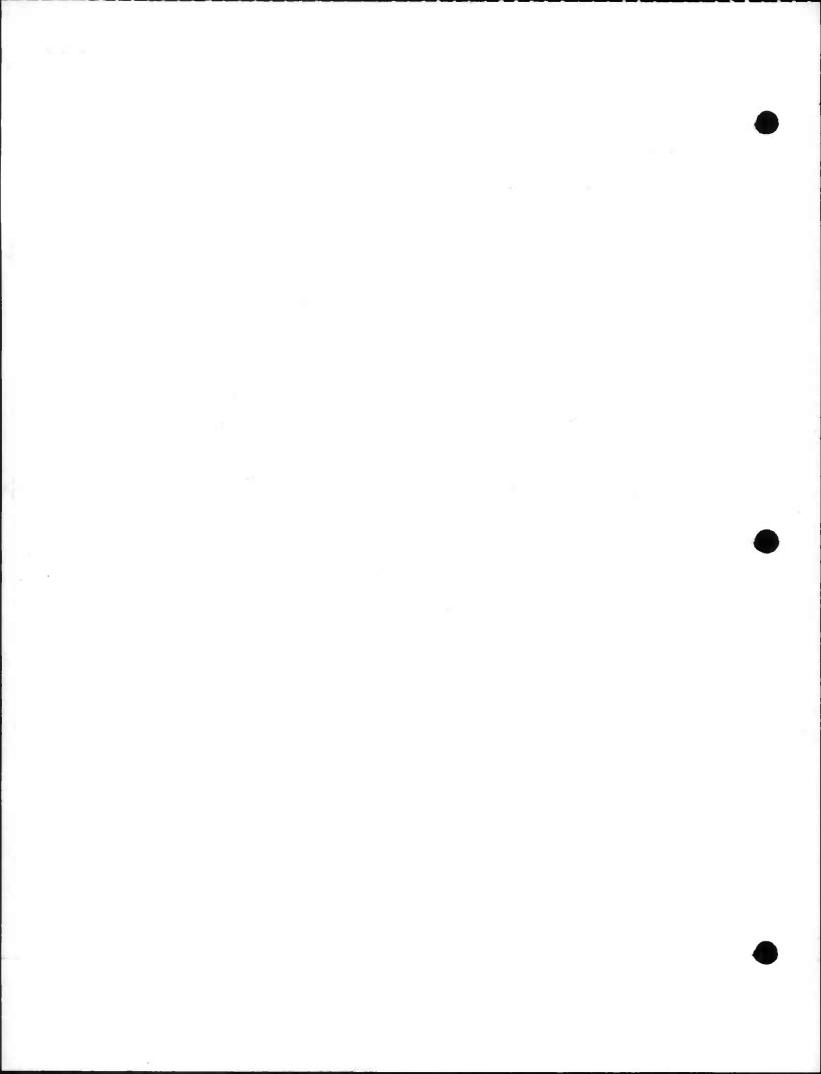
BALTIMORE, MARYLAND 21215-0020

	ď
_	- 62
0	d by the hospital or attending physic
Ñ	Ē
9	0
o.	- 2
iÒ	9
	9
à	ᄩ
=	San .
Ò	0
	멸
	8
7	ö
7	41
٧.	Ě
_	>
>	Ъ
$\mathbf{x}$	2
d	Ę.
2	靐
2	20
	8
ш	>
~	E.
$\dot{}$	
U	9
5	8
BALTIMORE, MARYLAND 21215-0020	Ea
_	
1	5
7	ea
*	P
ш	e
	ë
	2
	2
	ĕ
	4
	-
-	产
0	¥
9	3 wit
1760	ted wit
8760	cuted wit
68760	xecuted wit
x 68760	executed wit
0X 68760	be executed wit
OX 68760	te be executed wit
BOX 68760	cate be executed wit
BOX 68760	ificate be executed wit
D. BOX 68760	artificate be executed wit
O. BOX 68760	certificate be executed wit
P.O. BOX 68760	th certificate be executed wit
, P.O. BOX 68760	eath certificate be executed within 24 hours after death. Page 6 may be retained t
s, P.O. BOX 68760	death certificate be executed wit
JS, P.O. BOX 68760	he death certificate be executed wit
IDS, P.O. BOX 68760	the death certificate be executed wit
RDS, P.O. BOX 68760	hat the death certificate be executed with
ORDS, P.O. BOX 68760	that the death certificate be executed with
CORDS, P.O. BOX 68760	es that the death certificate be executed wit
CORDS, P.O. BOX 68760	uires that the death certificate be executed wit
ECORDS, P.O. BOX 68760	equires that the death certificate be executed wit
RECORDS, P.O. BOX 68760	requires that the death certificate be executed with
- RECORDS, P.O. BOX 68760	aw requires that the de
AL RECORDS, P.O. BOX 68760	aw requires that the de
AL RECORDS, P.O. BOX 68760	aw requires that the de
TAL RECORDS, P.O. BOX 68760	aw requires that the de
VITAL RECORDS, P.O. BOX 68760	aw requires that the de
VITAL RECORDS, P.O. BOX 68760	aw requires that the de
F VITAL RECORDS, P.O. BOX 68760	aw requires that the de
OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
N OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
ON OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
ION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
SION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
ISION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
VISION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
IIVISION OF VITAL RECORDS, P.O. BOX 68760	aw requires that the de
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit

	should		
	2		
	-		
į	ages	,	
	Ħ.		
	Eed		
	USIL		
:	a-ta		
	Z		
,	E E		
	se as		
	ă		
•	50		
	eracı		950
	9		100
2			pel
4	o Su		noti
	Sage		å
-	101		Sus
-	direc		0.70
-	era		min
,	E IDI	10	AYS
44	5	Smov	le3
	00	10	me
611	y III	tion,	the
- factor	biefe	rema	fue
-	100	ial.	28
-	Disp	ng o	natii
	Clan	100	Ē
4	Se de	ne p	ther train
dia.	Dillo	Hygie Hygie	r of
-	dile	nta/	2
40	Rice	J Me	vinion,
1	ed of	th an	AUK
	Sign	Heal	3
-	Deel	t. of	sho
-	SPL	90	23
-	alpo	State	Hen
Diame.	Certili	the	è
4	SILLI	¥	reed
dillian about	lei.	teath	in a
Appendix .	5	ars after death	m 28 is marked or item 23 shows any
The same	ACT.	100	E

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OTTILE OF INITIA	CE		ICATE				MEHIN	REG. NO.	_			
- 1	1. DECEDENT'S NAME (First, Middle, Last)							-	2. DATE	OF OEATH			3. TIME OF	DEATH
	MA	GDALENA H	ORN						MONT			YEAR	7:00	N CI (
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	t birthday)	hday) IF UNDER 1 YEAR IF UNDER 24 HRS.					OF BIRTH	) -9		PLACE (Stat	
	218-38-4836	1 M 2 MF	87	YRS.	-	_	HOURS	MIN.	(Mont	h, Day, Year) ) — 11 — (	77	Country	VGARY	
	9a. FACILITY NAME (If not institution, give				9b. CITY, 1		1.00171			)-11-(			2221	(
œ	5921 BRACKENR		HE		1				EAIH		9c. COU	INTY OF D	EATH	
2	RESIDENCE OF DECEDENT	IDGE AVEN	UE		B	ALT.	IMO	RE			<u> </u>			
S I	10a. STATE 10b. COUNT	ТҮ		10c, CIT	Y, TOWN OR	LOCATIO	ON						10d. INSIO	E CITY
DIRECTOR	MARYLAND			. 1.	BALT							- 1	LIMITS	3?
	100. STREET AND NUMBER				DALI.	_	ZIP CODE				1 40 - 017		1 YES	
A	The state of the s	TDOD AUDI					00 1111							IHY?
FUNERAL	5921 BRACKENR					_	212					U.S.		
	1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 NON	MED	If y	yes, spec	Ify Cubar	, Mexica	n, Puarto	Y? (Specify Yes Rican, etc.)	or No	14. RACE Black	- America , White, atc.	n Indien,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 (	YES 2	NO	Specify	y:			Specif		
	15. DECEDENT'S EDI	ICATION	Tan DE	CEDENTIS	USUAL OCC	HIDATION	1			. KIND OF BUS	20.000	Dugaran	WH]	TE
E	(Specify only highest grad	le completed)	(G/	ve kind of	work done du	ring most	of workin	g	100	I. KIND OF BU	OINE 35/IN	DUSTRY		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementarry/Secondery (D-12)  10. DECEDENT'S USUAL OCCUPATION (Gave kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE  10. DECEDENT'S USUAL OCCUPATION (Gave kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE  18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)														
₹	17. FATHER'S NAME (First, Middle, Last)		110	OSE	VILE		40 11071	F010 111	14m 457					
	JOSEPH ZIMMER	זאזאגאס							PET	Middle, Maiden	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)	MIMINI	1											
2	PAUL P. SOUZA	^	1							ber, City or Tow			010	
	20a. METHOD OF DISPOSITION	7						ENU		ALTIM				112.
	1 Burlei 2 Cremetion 3 Ren	noval from State	20b. PLACE A	THE CONTRACT	of dispositi	ION (Nam	e of		DAT	E 20c. LO		City or To		
	1 Burlel 2 Cremetion 3 Removed from State 4 Donation 5 Other (Specify) LORRAINE PARK CEMETERY 11/29 WOODLAWN, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
	21. SIGNAL OF PUNCHAL SERVICE	ICENSEE								NS &	SON	s co	) -	
	K:X/	UT								BALTO				
	23. PART i. Enter the diseeses, or	complications that ca	used the de	eth. Do	not enter th	he mode	e of dyl	ng, suci	h es cen	diec or reepi	ratory er	rest,	Аррі	oximata
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	. List only one ceuse	on eech iine.											vei Between
	diseese or condition resulting in death)	SUDD	EN CA	RDIA	AC DE	атн	-					т	i	IATE
	resulting in death)									TAIL				
z		CORO	NARY .	ARTI	ERY D	DISE	EASE	2					6	YEARS
은	Sequentially liet conditions, if any, leading to immediate		AS A CONSED											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	CONG	ESTIV:	E H	EART	FAI	LUF	RE					6	YEARS
뜨	thet initiated events	DUE TO (OR	AS A CONSED	UENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												
ਹ	PART ii. Other significent conditio	ne contributing to do	th had not a		In Ab d								1	
EDICAL	TART II. Other argumeent condition	ms contributing to des	ith but not re	esuiting	in the una	eriying	ceuse g	iven in	Part I.	24a. WAS AN PERFOR		246.	AVAILABLE	
ă									_	1 TYES 2	NO		DF DEATH?	N OF CAUSE
M									_				t 🗌 YES	2 NO
ä	DID TOBACCO USE CONT	TRIBUTE TO CAUS	E OF DEAT	TH Y	S 🗆 N	0 🗆	UNC	ERTAI	V 🗆					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO THER: 1 Inpetient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  (Month, Day, Year)  28. TIME OF INJURY AT WORK?														
YSI	1 TYES 2 NO	1 - Inpetient 2 - ER	/Outpatient 3	□ DOA	OTHER:	ng Home	5 € Re	aldenca	6 🗆 Othe	r (Specify)				
H	27. MANNER OF OEATH	28e. OATE OF INJI (Month, Day, Y		28b. TIN	E OF 2	8c. INJUI	RY AT		28d. OE	SCRIBE HOW I	NJURY OC	CUREO		
à	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 YE	S 2	NO						
										r or Rural R	loute Number	1		
	4 Homicide determined													
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, dar	nth occurr	ed at the tim	e, data a	nd place,	end due	to the ce	use(a) and mar	ner as sta	nted.		
M	1216	ER: On the baels of axami											) end menna	er an ateted.
	296. SIGNATURE AND TITLE OF CERTIFIE													
BE	( Adum	Mos					29c LICE	270			Zyd. UAI	C SIGNED	(Month, Day,	reer)
2	30. NAME AND A OORESS OF PERSON WI	HO COMPLETED CALLES O	E DEATH OTES	1 271 /5	Drine1		00	- 10				1881	1	
	JOSEPH ADAMS	M.D. 7401	OSLI			ТО	wso	N,M	ID.	21204	•		,	
	31. DATE FILEO (MORITH, Day, 16ar) NOV 2 9 1994	THE COMMENSATION	Randally.										-	



•	ŀ
0	
ō	
$\sim$	
98260	
20	
Ψ	
$\times$	
$\overline{a}$	
BOX	
മ	
o.	
ب	
مَ	
-	
G)	
$\Box$	
~	
ų.	
0	
$\overline{\Lambda}$	
RECORDS	
ш	
~	
ITAL B	
_	
ď	
_	
=	
-	
LL.	
O F	
V	
4	
0	
_	
VISION	
<u></u>	
>	
$\leq$	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ser nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

MOSCONITO NAME FOR A SAME ASSET IN A SAME PRESENTANT ASSOCIATION OF THE PROPERTY OF THE ASSOCIATION OF THE PROPERTY OF THE ASSOCIATION OF THE ASSO		1 - FOR STATE OF MARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
MARY LINED HAS SEED AND THE PROPERTY NAMED IN THE PROPERTY NAME OF CORRESPONDED TO THE PROPERTY NAMED AND THE PROP				2. DATE OF DEATH		3. TIME OF DEATH
20.6—80.00.1382   1.9 ± ½   4.9 mm.   4.9 mm.   4.9 mm.   4.0 mm.	,	Marv Linda Hall		November 25	VEAD	
BOOD  The STATE AND ADDRESS AN			NDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIFTH	8. BIRTHP	LACE (State or Foreign
MONTH Arundel Hospital Association Glen Burnie Anne Arundel  Who could be a considered to the country and the		216-80-1382 1 M 2 KJ F 49 YRS.		June 4, 194	15 Mary	land
STREET AND CHARMED  12 Gambrills Road  1. MARTINAL STRUE  1. MARTINAL	OR	North Arundel Hospital Association (		DEATH	1 110 110 110	
STREET AND CHARMED  12 Gambrills Road  1. MARTINAL STRUE  1. MARTINAL	2		WN OR LOCATION			INCIDE CITY
STREET AND CHARMED  12 Gambrills Road  1. MARTINAL STRUE  1. MARTINAL	E					LIMITS?
Windowed     Character   Control						
Windowed     Character   Control	8	121 Cambuille Boad				
Windowed     Character   Control	ž I			INIC ODICING (Casally Van a		
White    Widnesd		1 Never Married 2 Married FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic	en, Puerto Rican, etc.)	Bleck,	White, atc.
18. DECEDENT S EQUATION (Che hard year boundaring)  18. DECEDENT SUBJUL OCCUPATION (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of working) (Che hard year of hard hard year) (Che hard year of hard hard hard hard year) (Che hard year of hard hard hard hard year) (Che hard ye		3 Widowed 4 Divorced	1 ☐ YES 2 XX NO Spec	ny:	Specify:	
JOS NUA HUMPON POR JATE  186. MAILING ADDRESS (Street and Number or Rural Routh Number, City or Bwn, State, 2b Code)  Mr. Donald Hall Jr.  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  207. MARGAR OF OF DESTRICT OF DESTRICTION (Number)  (C) Burtis 2 (Jermeston 3   Removal from Blats   Company of the Code of	입		L OCCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY	MITTOG
JOS NUA HUMPON POR JATE  186. MAILING ADDRESS (Street and Number or Rural Routh Number, City or Bwn, State, 2b Code)  Mr. Donald Hall Jr.  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  207. MARGAR OF OF DESTRICT OF DESTRICTION (Number)  (C) Burtis 2 (Jermeston 3   Removal from Blats   Company of the Code of	ᇦᆘ	Elamentary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retin	ed.)			
JOS NUA HUMPON POR JATE  186. MAILING ADDRESS (Street and Number or Rural Routh Number, City or Bwn, State, 2b Code)  Mr. Donald Hall Jr.  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  207. MARGAR OF OF DESTRICT OF DESTRICTION (Number)  (C) Burtis 2 (Jermeston 3   Removal from Blats   Company of the Code of	를	10 yrs.   Skilled Cr	raftsman	Fishing	<u>j</u> Equipme	ent
JOS NUA HUMPON POR JATE  186. MAILING ADDRESS (Street and Number or Rural Routh Number, City or Bwn, State, 2b Code)  Mr. Donald Hall Jr.  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  206. Margaret St. brooklyn, MD 21225  207. MARGAR OF OF DESTRICT OF DESTRICTION (Number)  (C) Burtis 2 (Jermeston 3   Removal from Blats   Company of the Code of	ខ្ល				imame)	
Mr. Donald Hall Jr.  3706 St. Margaret St. brooklyn, MD 21225  3706 St.			Lilly	Irene Wood		
20. BETHOD OF OISPOSITION  20. BETHOD OF OISPOSITION  20. BETHOD OF OISPOSITION  20. BETHOD OF OISPOSITION  20. BETHOD OF OISPOSITION  21. SIGNATURE OF CHIRAL SETVICE LICEPSEE  Annapolis, Maryland  22. LAME AND ADDRESS OF FACILITY  Kirkley-Ruddick Funeral Home  421 Crain Hwy. S.E. Glen Burnie, MD 21061  23. PART I. Enter tha diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, which ye resulting in deeth)  23. PART I. Enter tha diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, which ye resulting in deeth)  24. Crain Hwy. S.E. Glen Burnie, MD 21061  Approximate interval Between Onset and Death of the deeth of the						-
Description   Comparison   Co						
22. NAME AND ADDRESS OF FACILITY  Kirk ley - Ruddick Funeral Home  421 Crain Hwy. S.E. Glen Burnie, MD 21061  23. PART II. Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line.  Approximate interval Between ones or conditions or conditions or conditions or conditions or conditions.  Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (Directary or cause. Enter UNDERLYING CAUSE (DIRECTARY or cause. Enter UNDERLYING CAUSE (DIRECTARY or cause. Enter UNDERLYING CAUSE (DIRECTARY or cause. Enter UNDERLY or cause. Enter UNDERLY or cause. Cause.			ecel			Acres III
23. PART I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Other eignificant conditions contributing to deeth but	- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILITY		iai y i anu
Approximate indexesses, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, abock, or heer failure. List only one cause on eech line.  NAMEDIATE CAUSE (Finel diseases or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Carchial Arrest  DUE TO (OR AS A CONSEQUENCE OF):  Carchial Arrest  O						MD 01061
Sequentielly liet conditions on the course of the course o		23. PART i. Enter the diseases, or complications that caused the deeth. Do not ex	ter the mode of dving, su	. S.E. GIGN	Burnie,	
Sequentially list conditions   DUE TO (OR AS A CONSEQUENCE OF):   Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST   DUE TO (OR AS A CONSEQUENCE OF):   Cardial arrives of the Consequence of the Couse of the Co		shock, or heert fallure. List only one cause on each line.			111, 211001,	intervai Between
Sequentieliy liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  CONCRETION OF CAUSE (Disease)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CONCRETION OF CAUSE (DISEASE)  DUE TO (OR AS A CONSEQUENCE OF):  CONCRETION OF CAUSE OF DEATH (Chronic only one)  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Posect only one)  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Posect only one)  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Posect only one)  1   YES 2   NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Posect only one)  1   YES 2   NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Posect only one)  25. NAS CASE REFERRED TO MEDICAL EXAMINER?  1   Netural   S   Panding		disease or condition	1- (	recort		
Sequentielly lief conditions of the properties of the course of the time, data and placa, and due to the cause(s) and manner as estated.  29b. SIGNATURE AND TITLE OF CERNETINE ON the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as estated.  29b. SIGNATURE AND TITLE OF CERNETINE ON the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as estated.  29b. SIGNATURE AND TITLE OF CERNETINE ON the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as estated.  29b. SIGNATURE AND TITLE OF CERNETI	i	DUE TO (OR AS A CONSEQUENCE OF):	(monery o	7/16)1		31 704
PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.    Conceptive   Ment   Failure   Chrunc   Chru	z	Convented to the conditions b.	est			37 min
PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.    Conceptive   Ment   Failure   Chrunc   Chru	Ĕ	if any, leading to immediate	1- 1	. / .		24
PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.    Conceptive   Ment   Failure   Chrunc   Chru	<u> </u>	CAUSE (Disease of injury	onery Cm	30115m		51 min
PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.    Conceptive   Ment   Failure   Chrunc   Chru		mer minered evente				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN    YES 2 NO   UNCERTAIN	8	d				1
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 DOA 2 Notice 8 Could not be determined  28. DATE OF INJURY At home, tarm, street, tactory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28. PLACE OF INJURY — At home, tarm, street, tactory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Near)  29d. DATE SIGNEO (Month, Day, Near)			underlying couse given le	Part i. 24s. WAS AN AU	JTOPSY 24b. W	VERE AUTOPSY FINDINGS
2   Accident 3   Sulcide 8   Could not be determined   29a. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29a. CERTIFER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFER D 27720   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   1 - 2 9 - 9 4	음	Longerlive Heart Tailage (Chr	unic)	1 🗆 YES 2	7 · · · · · · · · · · ·	OMPLETION OF CAUSE
2   Accident 3   Sulcide 8   Could not be determined   29a. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29a. CERTIFER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFER D 27720   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   1 - 2 9 - 9 4	¥ H			_	t	☐ YES 2 ☐ NO
2   Accident 3   Sulcide 8   Could not be determined   29a. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29a. CERTIFER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFER D 27720   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   1 - 2 9 - 9 4	ÿ			N 🗆		
2   Accident 3   Sulcide 8   Could not be determined   29a. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29a. CERTIFER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFER D 27720   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   1 - 2 9 - 9 4	<u> </u>	EXAMINER? HOSPITAL: OTH				
2   Accident 3   Sulcide 8   Could not be determined   29a. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29a. CERTIFER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFER D 27720   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   1 - 2 9 - 9 4	2	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4	Nursing Home 5 - Residence			
2   Accident investigation   28a. PLACE OF INJURY — At home, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28a. PLACE OF INJURY — At home, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28a. PLACE OF INJURY — At home, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28a. PLACE OF INJURY — At home, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28a. PLACE OF INJURY — At home, tarm, street, tactory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28b. SIGNATURE AND TITLE OF CENTER   28b. SIGNATURE AND TITLE OF CENTER   29b. SIGNATURE AND TITLE OF CENTER   29c. LICENSE NUMBER   29d. DATE SIGNEO (Month, Day, Year)   277.20		(Month, Day, Year) INJURY	WORK?	28d. DEŞCRIBE HOW INJ	URY OCCURED	
4   Homicide determined determined determined building, stc. (Specify)  29a. CERTIFUNG PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and placa, and due to the cause(s) and manner as stated.  (Check only 0   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFURE 29d. DATE SIGNEO (Month, Day, Year)  D 27720		28a PLACE OF INJURY — At home form street		ORA LOCATION (Communication)		
296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER		building atc (Specify)	tactory, ornea	City or Town, State)	Number or Hural Hou	vite Number,
296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER	۱۲	29a. CERTIFIER the CERTIFYING PHYSICIAN: To the best of my knowledge deeth occurred at the	he time date and place, and du	n to the saussia) and manne	a so stated	
296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER	\$					and manner as stated.
D 27720 11-29-94						
		L U.D				
James J. York M.D. 200 Hospital Drive #206 Glen Burnie, MD 21061 31. DATE FILEO (MONTH), Day, Year) 32. REGISTRAR'S SIGNATURE NOV2 9 1994	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)	0 2112			
31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  NOV 2 9 1994		James J. York M.D. 200 Hospital Drive	e #206 Glen	Burnie MD	21061	
NOVZ 9 1994 July Drubber Navish		31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	a di CII	Dutilités IID	-1001	
		NOV2 9 1994 July a a wallow Kandall				

15. 197.85

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

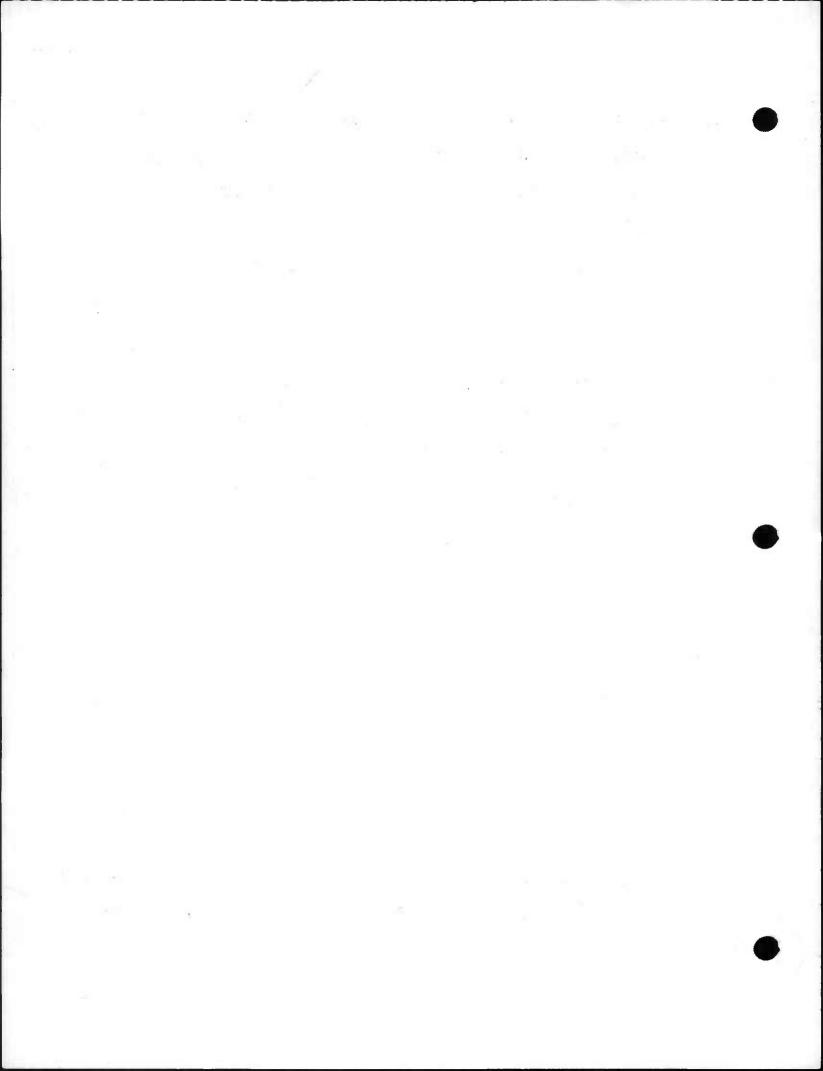
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	C	ERTIFICATE	OF DEATH	REG. NO	).		
j	1. DECEDENT'S NAME (First, Middle, Last) VERNON	D.	HAZI		2. DATE OF DEATH	7 1994 P	3. TIME OF DEA	тн Р м
0	4. SOCIAL SECURITY NUMBER 216-86-8505	5. SEX 1 M 2 F 24	est birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	7. DATE OF BIRTH (Mgfith, Day, Year)	70/1/2	RVAN	_
тов	99. FACILITY NAME (If not institution, give since the same of the			, TOWN OR LOCATION OF		Sc. DOUNTY OF C	DEATH	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN C	INVES			10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 504 E, 237	197	7	101. ZIP COOE 2/2//	9	10g. CITIZEN OF	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. A FORCES? 1 TYES 2 A IF YES, GIVE WAR OR DATES	NO I	WAS DECENOENT OF HISF if yes, specify Cuben, Mex I YES 2 X NO Spe	ican, Puerto Ricen, etc.)		E — American Indi	en,
LETED	15. DECEOENT'S EDUC (Specify only highest grade Elementacy/Secondard (9-12)	completed) (	Give kind of work done of the to NOT use retired.)		166. KIND OF BU	ISINESS/INDUSTRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	P. HAZEL	XIV5IYU	18. MOTHER'S	NAME (First, Middle, Malde	Surnomo)	9	
TO BE	19e. INFORMANT'S NAME (Type/Print)	DERT	504 E	S (Street and Number or Rur 23x4 5	al Route Number, City or To	wn, Stele, Zip Code)	2.2121	18
	20a, METHOO OF DISPOSITION 1 Seriel 2 Cremetion 3 Remo	oval from State	EAND DATE OF DISPOS	ITION (Name of	26/94 LA	CATION City or To	own, State	D
	21. SIGNATURE OF PUNERAL SERVICE LIC	Jul	- 3	4PV EN	WILTON V	1584/M	100 M	8. 2123
	23. PARTI. Enter the diseases, or of the phock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	complications that caused the c List only one cause on each lin	death. Do not enter ne.	the mode of dying, so	uch as cerdiec or ree	piratory arrest.	Approxim Interval B Onset and	etween
	resulting in deeth)	s. MULTIPLE ST OUE TO (OR AS A CONS		DS				
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	OUE TO (OR AS A CONS	EOUENCE OF):					
DICAL C	PART II. Other eignificent condition	e contributing to death but not	resulting in the un	derlying ceuse given	In Pert I. 24e. WAS AI PERFO	RMED?	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO
N: MEC	DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF DE	ATH YES   I	NO 🗍 UNCERTA			1 X YES 2	NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 J.YES 2 NO	26. PL/ HOSPITAL: 1   Inpatient 2\sqrt{1} ER/Outpatient	ACE OF DEATH (Check	only one)				
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 11/17/94	28b. TIME OF INJURY 1539 hyr	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW		_	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)		XX	281. LOCATION (Street 4 0 8 N B	STABBE and Number or Rural ADFORD	Boute Number	
COMPLETED	000)	CIAN: To the best of my knowledge, or					e) end menner ee s	stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER	3		29c. LICENSE N	UMBER	29d, DATE SIGNED	(Month, Day, Year)	
TO BI	Theodore King			0.0	.M.E.	▶NOV18		
	30. NAME AND ADDRESS OF PERSON WHO	isc/ 111	l Penn S	treet, Ba	ltimore,	Marylan	d 2120	1
	NOV 2 9 1994	4 July a dudlor h	ardall					





Pages 1, 2, 3 should

permit.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-rist be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--

ITEM: 1. PER F.H. FILM G-719 1/10/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH 3. TIME OF DEATH A.K.A LULA JOHNS SECLIBI IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Mont 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOL 10g. CITIZEN WHAT COUNTRY? 5 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No American Indian If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced BY 03 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTR (So COMPLET College (1-4 or 5 +) 16. MQTHER'S NAME (First, Middle notified at BE State, Zip Code 2 pe METHOD OF DISPO 206. PLACE ANODATE OF DISPOSITION (No must C Donati examiner medical or complications that caused the death. Do not enter the mode of dying, such as cardiac or re 23. PART V Approximate haart fallure. List only one cause on each line. intarvai Batween iMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death the (ONGESTIVE) SEALE OF event, · clochemic cardiomyopath traumatic CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL Alvanced organic mental syndrome any COMPLETION OF CAUSE 1 YES 2 7 NO OF OFATH? Shows Cerebrovaxular disease 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOPPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA EXAMINER? OTHER: me 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Suicide COMPLETED 29a, CERTIFIER 1 V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE StGNEO (Month., Day, Year) BE 11/27/24 Coston 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Johnson Anfessional

Union Memorial Hosp,

32. REGISTRAR'S SIGNATURE

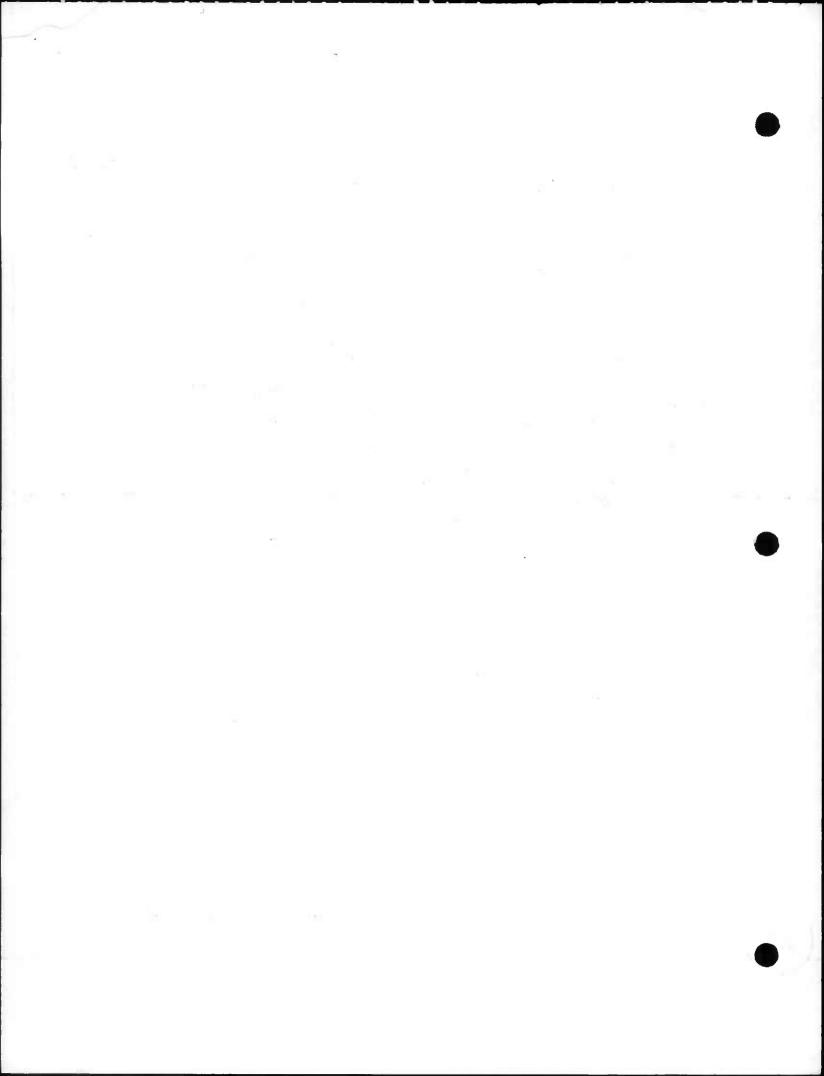
Davelson Randall

Boston

31, DATE FILED (Month, Day, Year)

9 1994





## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIF	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) GEORGE (NMN) HOGG	, JR.			2. DATE OF DEATH NOVEMBER	₹ 24,	3. TIME OF DEATH			
	169-10-1285 1°□X*° 2°□ F 86	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) MAY 12,		8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA			
OR	9e. FACILITY NAME (If not institution, give street and number) 414 OAK GROVE ROAD			OR LOCATION OF DE	ATH		ANNE ARUNDEL			
ទួ	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND ANNE ARUNDEL	10C. CIT	LIN	THICUM		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 414 OAK GROVE ROAD		,	01. ZIP CODE 21090		10g. CITIZ	U.S.A.			
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, a	CENDENT OF HISPAN pecify Cuben, Mexice S 2 X NO Specify		or No-	14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S EOUCATION						WHITE			
	(Specify only highest grade completed)	6a. OECEDENT'S (Give kind of w life. Do NOT us	vork done during n	nost of working	16b. KIND OF BUS	INESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) NONE		NTANT		WESTI	NGHC	DUSE			
	17. FATHER'S NAME (First, Middle, Lest) GEORGE HOGG, SR.			18. MOTHER'S NA HAZEL	ME (First, Middle, Maiden	Surname) ST.CI	LAIR			
BE O	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or Town	n, State, Zip	Code)			
2	MRS. MARY D. HOGG						MD. 21090			
	1 ⚠ Buriel 2 ☐ Cremation 3 ☐ Removal from State   Cemete	Bry, crematory or of HAVI	her niecel	1	1 / 20 / 944		URNIE, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	h.		COND A	SINGLE		FUNERAL HOME EN BURNIE.MD.			
	23. PART I. Enter the diseases, or complications that caused t	ha death Do n				^	100			
	ahock, or haart failure. List only ona causa on eac IMMEDIATE CAUSE (Final	h lina.	ot antar trio ii	ode or dying, acci	r all cardiac or reapi	atory arre	Intarval Between Onset and Death			
	disease or condition resulting in death)  a. Stoke  DUE TO (OR AS A CONSEQUENCE OF):  ACCUA  Year									
Z	Sequentially list conditions,	15					Years			
CATIC	If any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF	r):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	ONSEQUENCE OF	):							
	DART II Ohn a lastification delication and its state of the state of t									
EDICAL	PART II. Other significant conditions contributing to death but	not resulting i	n tha underlyl	ng cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI					1 🗆 YES 2	□V NO	OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S I NO [	UNCERTAIN	1 🗹					
N N	FVASMAIFOO	PLACE OF DEAT		)						
Si	1 YES 2 NO HOSPITAL: 1 Inputient 2 FR/Output	lent 3 🗆 DOA	OTHER: 4  Nursing Ho	me 5 🖪 Rasidence	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCC	URED			
8	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — building, atc. (Specify,	At home, larm, a	treet, factory, off	Ca	281. LOCATION (Street e City or Town, State)	nd Number (	or Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of exemination e									
BE CO	280. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN			SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	L(ITE) 27) (Type,	Print)	H 17	744	1/	12094			
	DAVID Schwaer Do 3005	Nospita	Ch.	Glenky	mu AD	-210	61			
	NOV 2 9 1994	-								

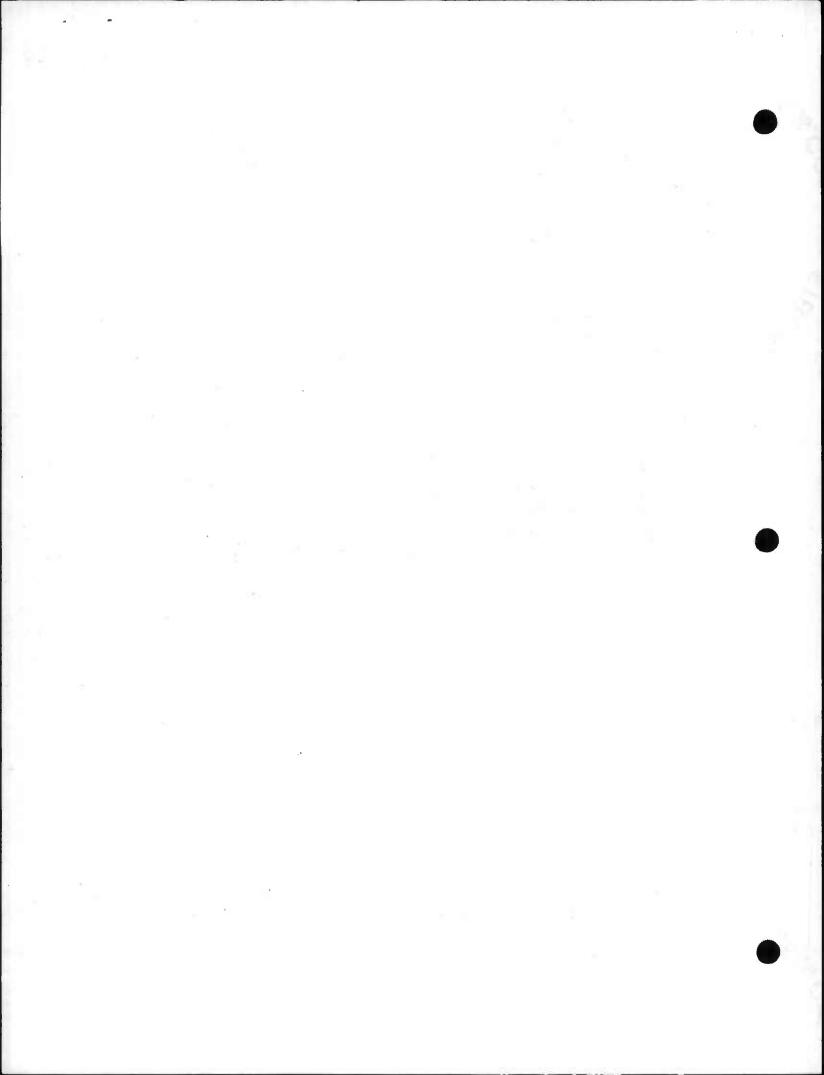
PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

Anthrithm certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State Dent of Health and Mental Hydings note to hirst premation or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		UI	ERITE	CATE	T DEA	111	REG. N	10.			
	Beaty Listo							2. DATE OF DEATH MONTH 23	1994	YEAR	3. TIME OF DEATH 4:30 A. M	
	4. SOCIAL SECURITY HUMBER 235-16-9817	5. SEX	6. AGE (In yes, les 78		IF UNDER 1 YEA	Contract of the last of the la	24 HPS.	7, DATE OF BIRTH (Month, Day, Year)		B, BellThe Country	PLACE (State or Foreign	
		10.44	7.0	YRS.					915	WV		
-	9a. FACILITY NAME (IF NOT INSTITU	tion, give street and number)			96. CITY, TOV		ON OF DE	ATH	20000000	NTY OF DE		
2	Rt 3 Box 95	/			Rav	lings			A1	legan	ıy	
5	RESIDENCE OF DECEDENT  188. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									16d. INSIDE CITY		
DIRECTOR	MD	Allegany		lac sin	Raw1						LIMITS?	
¥	10s. STREET AND NUMBER					10f. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?	
1 55	Rt 3 Box 95					2	1557		1	J.S.A		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Never Status  3 Widowed 4 Divorces	ried FORCES?	NT EVER IN U.S. AR I ☐ YES 2 [X]I WAR OR DATES		If yes		n, Nexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACE Black, Specify Whit		
0	15. DECEDE	NT'S EDUCATION	Wa. DE	CEDENT'S	JISUAL OCCUP	KTION		166. KIND OF	BUSINESS/INC			
<u></u>	Elementary/Secondary (0-12)	heat grade completed) College (1-4 or 5	L/No.	two kind of w Do NOT use	onk done during relired.)	most of weeking	19	1995104105-031				
교	5	55511190 (174.00.0		er/Se	1f-Em	loved		Automo	bile S	Sales		
once. COMPL	17. FATHER'S NAME (First, Middle	i. Last)					HER'S NA	ME (First, Middle, Mak				
휥	Griff	Haines				1723	ella	Orndor	The second second			
BE BE	19a. INFORMANT'S NAME (Type)	Printi	19	. MAILING	ADDRESS (SW	_		loute Number, City or	110.10	Code		
be notified at once. TO BE COM	Frances T. Ha	Color II.	177	Rt 3				lings, MI				
2	20s, METHOD OF DISPOSITION		Tank BLACE				Maw					
must	1 X Shurlat 2 □ Cremation 4 □ Donation 5 □ Other (So	1 (X thurset 2 Commention 2 Removal from State Comments of Comment										
mine	21. SIGNATURE OF FUNCHAL BERVICE CICENSER  22. NAME AND ADDRESS OF FACILITY  ROTruck—Smith Funeral Home											
ex e	X1.100	en Kax	1 . K					Street		- W	7 26726	
ry, or other traumatic event, the medical examiner must CERTIFICATION	immediate Cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (DR AS A CONSEQUENCE DF):											
y, or ot	resulting in deeth) LAST	d										
	PART II. Other significant	conditions contributing to	deeth but not i	esuiting i	the under	ing ceuse	given in	Part I. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
eDICAL CI									ORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
§ ∑								_	/ \		1   YES 2   NO	
E B	25. WAS CASE REFERRED TO M	FDICAL				DI ACE OF D	EATH (C)					
item SICI/	EXAMINER?	HOSPITAL:	_ = = = = = = = = = = = = = = = = = = =		OTHER:	. PLACE OF D	-					
5 >	1 YES 2 NO		☐ ER/Outpetlent 3			$\sim$	sidence	8 Other (Specify)				
is marked, or D BY PHY	Netural 5 Pen	ding atigation		28b. TIME INJU	JRY	INJURY AT WORK?  YES 2	□ NO	28d. DEŞCRIBE HO	W INJURY OC	CURED		
28 Is n	3 Suicide s Cou	Id not be mined 25s. PLACE (	OF INJURY — At ho , etc. (Specify)	me, farm, si	treet, factory,	ffice		281. LOCATION (Stree City or Town, St.	et and Number ete)	or Rural A	oute Number,	
ANT: If them 28 COMPLETE		ING PHYSICIAN: To the best of a									and manner as stated.	
MPORTANT: #	296. SIGNATURE AND TITLE OF		O. M	D			ENSE NUM			+	(Month, Day, Year)	
TO B		() 1 V	V	//		10	23	37/	<b>▶</b> 1)	12:	3/54	
F	30. NAME AND ADDRESS OF PE									1	/ /	
	Qamar Zaman,	M.D. Suite	102 625	Ken	t Ave	Cumbe	rlan	d, MD 2	1502			
	31. DATE FILED (Month, Day, Year, NOV 2 9 199	4 July 32/ REGISTR	ANS GARRATURE									



DIVISION OF VITAL RECORDS, P.O. BOX 687604

Dr. Marion C.

31. DATE FILED (Month, Day, Year)

NOV 2 9 1994

Kowalewski

M.D

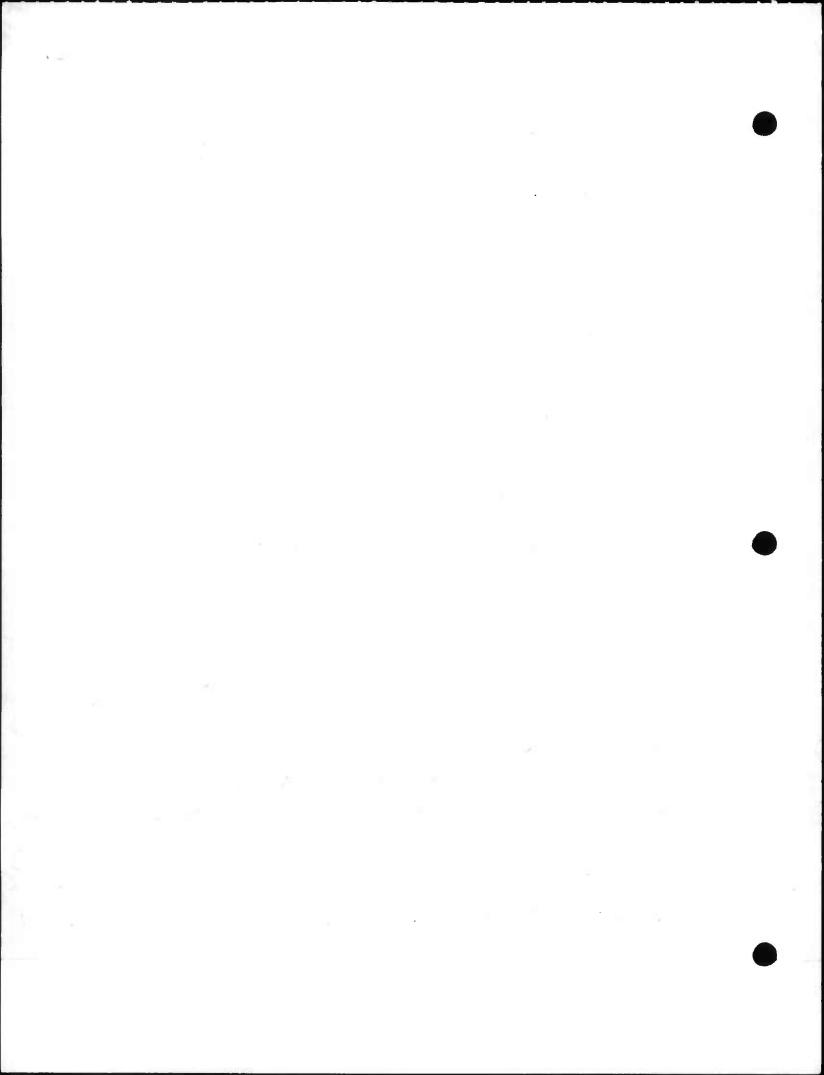
IN THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within afficiants and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be writed by the transit permit and Mertal Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

												94	3	4926
		- OIRIL	STATE OF MAR							MENTAI	. HYGIENI	E		
Г		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	CATE	OF	DEAT	H	- 2000	REG. NO.		1.	
		G		ifford		llif				NOV	. 26,	199	4	11:30 p. m
		044 00 0004	6. A	AGE (In yrs. last	birthday)	IF UNDER	t YEAR DAYS	HOURS	24 HRS. MIN,	7. DATE (Month	OF BIRTH . Day. Year) . 16 1	912	Country)	laryland
	E	90. FACILITY NAME (If not institution, give stree 4704 Ridge Road				9b. CITY,		Fulle		ATH		9c. COUNT	y of DEAT	н
	5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY												
	DIRECTOR		ltimore		10c. CITY	r, TOWN C	R LOCATI		ılleı	rton				d. INSIDE CITY LIMITS?  YES 2 NO
	10e. STREET AND NUMBER  4704 Ridge Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN FORCES? 1 X YES 2 NO 15 Was Decembert of Hispanic Origin 16 Was specify Cuben, Mexican, Puerto								1236				tates	
- 1	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO		1	f yes, spe	ENDENT Of	F HISPAN I, Mexicar Specify.	1, Puerto F	? (Specify Yes lican, etc.)	or No- 1	4. RACE — Black, W Specify:	
	9 0			rmy										White
11	COMPLETE		FION mpleted) College (1-4 or 5 +)	(Gh life.	CEDENT'S we kind of w Do NOT us	rork done ( e retired.)	furing mos		9	16b.	KIND OF BUS	INESS/INDU	STRY	
g	M	10			Longs	shore	eman							
티		17. FATHER'S NAME (First, Middle, Last)	hurchill d	Jollif <sup>.</sup>	fe			18. MOTH	ER'S NAM		fiddle, Maiden : / Zoph:			
	#	19e. INFORMANT'S NAME (Type/Print)				ADORESS	(Street ar	nd Number	or Rumi A		er, City or Town		odel	
noti	2	Carol Ann Pijanov	wski								nore, M			21236
								20c. LOC	ation — ch	ly or Town,				
iller iller	}	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Milton J	Knight	l Jr			D AOORES			eonard			Inc
		Milton	1- Kni	glo J				Harf		Roa	d Bal	t., M	ld.	21214
medical		23. PART I. Entar the diseasee, or con shock, or haert feliure. Lie iMMEDIATE CAUSE (Finel	it only one cause	on each line.	ith. Do n	ot enter	the mod	de of dyli	ng, such	as card	iac or reepir	ratory arres	st,	Approximata Interval Between Onset and Death
the the		disease or condition resulting in death)	heta	state	e Ca	re	no	MA	9 (	Cus	4			
ic event,	2		DUE TO (OR	AS A CONSEO	UENCE OF	):			0					
r other traumatic	NA IS	Sequantially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEO	UENCE OF	):								
		CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE OF	):								
9 I i	ЦΗ	d												l
any injury,	AL	PART ii. Other aignificant conditions of	ontributing to dee	th but not re	eulting i	n the un	derlying	ceuse g	iven in I	Part I.	24a. WAS AN A PERFORI		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO
nows any in								_		-	1 TYES 2	_ NO		MPLETION OF CAUSE DEATH?
		DID TOBACCO USE CONTRIB	BLITE TO CALIS	E OE DEAT	TH VE	<u>. П</u> .	юП	LING	EDTAIN				1[	YES 2 NO
22 1	NA I	25. WAS CASE REFERRED TO MEDICAL	DOTE TO CAUSI		E OF DEAT			UNC	ERTAIN	1			J	
or Item	2	. Course - China	OSPITAL:	Outpatient 3	□ DOA	OTHER		5 🗆 Rec	eldence (	6 Other	(Specify)			
g g		27. MANNER OF DEATH  1 Netural 5 Pending investigation	28a. DATE OF INJU (Month, Day, Ye		28b. TIME	OF	26c. INJU	JRY AT			CRIBE HOW IN	JURY OCCU	RED	
	- 10	2 Accident Investigation 3 Suicide 8 Could not be determined	26e. PLACE OF INJ building, etc.	JURY — At hon (Specify)	ne, farm, s	treet, facto	ory, office			28f. LOCA	ATION (Street au or Town, State)	nd Number or	Rural Route	Number,
I Item 28 IS		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA												
į	1	2 MEDICAL EXAMINER: (	In the beele of examin	nation end/or in	rveatigation	n, In my o	pinion, de				end place, end	due to the	cense(e) en	d menner ee stated.
	4	296. SIGNATURE AND TITLE OF CERTIFIER  MUNICIPAL C-/	Kavales	relei	1	11)		29c. LICE		BER O 2	ے آ			enth, Day, Year)
7	- 1	30. NAME AND AGORESS OF PERSON WHO	OMPLETEO CAUSE OF	F OEATH (ITEM	27) (Type,	Print)							υ	

8604 Harford Road

Baltimore, Maryland

		FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTME			MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	ANNEKE S. JOHNS	SON			2. DATE OF MONTH	F DEATH DAY	1994	EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		s. last birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	FBIRTH	6.	BIRTHPLA	CE (State or Foreign
Mid		215-70-5949  9a. FACILITY NAME (If not institution, give str	1 D M 2 D F 36	YRS. MONTH		HOURS MIN.	Feb		958 A		DAM HOLLAND
2, 3 should	NO HO	Johns Hopkins Hospit		96. 0	Balto	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH	1
+-	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION				100	1. INSIDE CITY
permit, Pages	- 1	Md		Balto							LIMITS?
tis t	FUNERAL	100. STREET AND NUMBER 1102 N. Monroe Stree	t			21P CODE			US A		COUNTRY?
HALLIMOHE, MARYLAND 21215-0020  If the first the setained by the hospital or attending physician.  In the setainer gage 5 should be detached for use as the burial-transit the setainer must be notified at once.	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yea, specify, Cuben, Maxican, Puerto Rican, etc.)  1  YES 2  NO Specify:						American Indian, hita, atc.
215 attend use as	TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a. ompleted)	DECEOENT'S USUAL	ne durina mo	ON st of working	16b, K	IND OF BUSIN	NESS/INDUS	TRY	
AND 2121 the hospital or att detached for use once.	PLET	Elementary/Secondary (0-12) GED	College (1-4 or 5+)	iiie. Do NOT use retire	1.)						
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S NA			ımame)		
retained by 5 should be notified at	B	Willie C. Johnson, J	r	19b. MAILING ADDR	FSS (Street a		ella M		State 7in Co	rdn)	
E, MAK y be retained page 5 should be notified	2	Willie C. Johnson,	Jr			urt Randa				36)	
BALLIMOKE, in dualith Page 6 may be in furneral director, page and		20a. METHOO OF DISPOSITION  1) Burial 2 Cremation 3 Ramon  4 Donation 5 Other (Specify)		CEAND DATE OF DISP 1, crematory or other plants		me of	11149	20c. LOCA 4 Randa	allstov		
ALLIM dwith, Page threeal dra examiner		21. SIGNATURE OF FUNERAL SERVICE LICE				n F/H we		1 110010		,	
BAL after dead by the furn move: lost exam		· Fortis &	Wen)		4300	) Wabash	n Aven				215
ompletely filed in the completely filed in the completely filed in the completely filed in the completely filed in the med		IMMEDIATE CAUSE (Fine)	Stab wour  DUE TO (OR AS A CON	nd of			n ss cardie	с от гееріга	tory errest	7	Approximate Interval Between Onset and Death
n certificate he es softing physicians Hygiene prior to or other traum	CERTIFICATION	Sequentially flat conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST	DUE TO (OR AS A CON								
quires that the n signed by the feeth and M theoret and M tows any trip	MEDICAL	PART II. Other significant conditions	contributing to deeth but no	ot resulting in the	underlying	cause given in		4a. WAS AN AL PERFORM YES 2	ED?	AVA CON OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 \( \square\) NO
has been the 23 sh		DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (Che		UNCERTAIN	V 🗆				
48 5	PHYSICIAN:	EXAMINER?	HOSPITAL:	ОТН	ER:	s 5 Realdence	8 Other (S	Specify)			
PHYSICIAN this certific with the S	E	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO	RK?	28d. DESCR	RIBE HOW INJ	URY OCCUR	ED	1
S S S S S S S S S S S S S S S S S S S	É	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street,				ION (Street and Town, State)	Number or I	Rural Route	Number,
OR ATTENDING DIRECTOR And COUNTY COUNTY MORE 28 IS THE	#	Homicide determined	Stree				700 BI	New	ngton	Ave	Balto Ms
3 40 -	劉	(Check only	AN: To the best of my knowledge, On the house of examination end							ause(a) and	d manner as stated.
TO THE HOSPITAL TO THE FUNESAL De Thed within 72 IMPORTANT: II	BE CO	THE SIGNATURE AND TITLE OF CENTIFIER	A()			29c. LICENSE NUN					nth, Day, Yeer)
E E B M	2	MINTER	COMPLETED CAUSE OF DEATH (	OVERA NOR Characteristics		OCME			Nov	9,1	1994
	400	Mario F. Golle, J	- MTV - ASSIS	stant Me	ed &	_ n f	enn s	31.	Bal	10,1	1D 7130
		31. DATE FILEO NOV 2 1994	32, REGISTRAR'S SIGNATURE	Tarball,							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

r this certificate has been the with the State Dept. carked, or item 23 sl OR ATTENDING PHYSICIAN: The law

	_		
This products after death. Page 6 may be retained by the hospital or attending physician.	peen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, I		
0 a	Or US		
ospita	shed f		es s
the h	detail		Onc
3	d be		d at
retained	shouls 5		otifie
8	age (		De n
may	O, p		ust
age 6	direct		E I
death. F	furreral		shows any injury, or other traumatic event, the medical examiner must be notified at once.
affer	y the	moval	cal
SULS	inb	or rer	nedi
Ē	filled	ion, c	he r
WITH	npletely	. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, 1
	100 p	urial.	lic e
exe	in an	10 D	Ima
ie De	ysicia	prior	E
the death certificate be executed wi	ing ph	giene	other
ath	ttend	TA IE	10 '
he de	the a	Men	<b>Jun</b>
hat ti	d by	and	ny in
res t	gnec	ealth	50
redu	een s	of H	show

9

after death with the S 28 is marked, or i BY

MPLETED

DIRECTOR: A hours after d

94 34928 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Eugene Raymond
4. SOCIAL SECURITY NUMBER King November 20.1994 4:16 7. DATE OF BIRTH (Month, Day, Year) September 7,1967 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 214-96-4348 1 X M 2 F 27 Germany 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 14 C Ridge Berry Court 21244 **USA** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1) Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 Warehouse Worker Office Supply 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph R. King, Sr. Margaret Jane Walls BE 19e. INFORMANT'S NAME (Type/Print) 2 1518 McHenry St., Balto., Md. Margaret Jane Ward 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 11/25 4 Donetion 5 Other (Specify) Brooklyn, Md. Cedar Hill Cemetery 21. SIGNATURE OF EUNERAL SERVICE OFFISEE 22. NAME AND ADDRESS OF FACILITY
Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. 21227 complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, 23. PART I. Enter the diseeses, Approximete shock, or heart feilure. Liet pnly pna ceuee pn aech line Intarval Between IMMEDIATE CAUSE (Final disease or condition Ventricular tacky eardia 42 min resulting in dasth) Polyonary Re DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. if sny, laading to immediata cause. Enter UNDERLYING D: lated cardiomy sporthy CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST 1055:51R PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PHYSICIAN:

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES NO UNCERT	AIN [] pending	COMPLETION OF CAUSE OF DEATH?  1 YES 2 MYNO			
25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF	28. PLACE OF DEATH (Check only one)					
1 TYES 2 NO	HOSPITAL: 1 Cinpatient 2 ER/Outpatient 3 DO	ce 6 Other (Specify)					
27. MANNER OF DEATH		. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED				
1 Naturel 5 Pending 2 Accident Investigation	(Month, Dey, freer)	M 1 YES 2 NO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, to building, etc. (Specify)	erm, street, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, death or	courred at the time, data end place, and	due to the cause(s) and menner as stated.				

29e. CERTIFIER	1 PCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as attend.
(Check only	1 A CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) and menner as stated.
· onel	

	garrent in my opinion, death occurs at the time, data and place	", and one to the cansele) and member as stated.
20h SIGNATURE AND TITLE OF CERTIFIER	00 - 11051105 - 1110555	

The Khlemman on o	P08177	11/20/94
307 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		· · · · · · · · · · · · · · · · · · ·
Thomas K. Murray, 301 St. Paul Place	Boultimore M.	0 21201
NOV 2 9 1994 Jan Standard Signature		

DHMH-18 Rev 1/89

CHARLES S. C. C. C.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and normal director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART CERTIFIC			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	6525	3. TIME OF DEATN
	EDWARD FRANCIS KE	LLY				117 27	922	3 as PM
	4. SOCIAL SECURITY NUMBER 5. S			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	a. BIRT	INPLACE (State or Foreign
		M 2   F	78 YRS.	ONTHS DAYS	HOURS MIN.	June 18,		laryland
~	9a. FACILITY NAME (If not institution, give street as		1	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	
5	Stella Maris Hospice			Tow	son		Balti	more
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Maryland Baltim	ore	May	field				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	8006 Remington Ave.				21244		United	States
5		WAS DECEDENT EVER IN U	a 🗆 ara	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No.— 14. RA	CE — American Indian, ck, Whita, atc.
BY	1. Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES 1040		2 XNO Specify			neity:
	15. DECEDENT'S EDUCATIO		16a. DECEDENT'S U	PILAL OCCUPATIO	A1	16b. KIND OF BUS		White
COMPLETED	(Specify only highest grade compl	lege (1-4 or 5 +)		rk done during mo.		108. KIND OF BUS	INESS/INDUSTRY	
₫	12 years	- '	Merchant	Marine	· S	Seamar	2	
Š	17. FATHER'S NAME (First, Middle, Last)			1101111		ME (First, Middle, Maiden		
BE	Edward Francis Kell	y, Jr.			Katheri	ne Regina	Finkhei	ner
일	19a. INFORMANT'S NAME (Type/Print)		196, MAILING A	DDRESS (Street a		loute Number, City or Town		
۲	Mr. Keating J. Ke	11y	316 Be	ach Ave	. Pasad	lena, MD 2	21122	
	20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Ramoval fi	rom State cemet	PLACEAND DATE OF	or place!		DATE 20c. LOC	CATION — City or	Town, Stata
	4 Donation Other (Specify)	[Car	roll Cre	mation		11/3 <b>0</b> Ha	mpstead	, MD
	Thenat Service License	0/0	/		Byers F	uneral Dir	rectors	Inc
	Janes 1	2 00	cuff	8728 I	iberty R	oad Randa	11stown	MD_21133
	23. PART I. Emer the diseases, or composition of the part failure. List of	ilcations that caused to only one cause on eac	the death. Do no chilipe.	t entar the mo-	da of dying, such	as cardiac or respin	ratory srrest,	Approximata interval Batween
	iMMEDIATE CAUSE (Final	00011	//	00				Onset and Death
disease or condition  a. COON CANCER  DUE TO (OR AS A CONSEQUENCE OF):							6 mos	
_		DUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					
SA	cause. Entar UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
E	resulting in desth) LAST							
AL C	PART II. Other significant conditions cor	ntributing to death but	not resulting in	the underlying	cause given in i	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
2						PERFORI	MCD!	AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀							200	OF DEATH?
ž	DID TOBACCO USE CON	ATRIBUTE TO	CAUSE OF	DEATH Y	ES NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			ACE OF OEATH (Che	ick only one)		
YSI	1 VES 2 NHO 1	Inpatient 2 ER/Outpat	lant 3 DOA 4	OTHER:	5 Residence	Other (Specify)	lospice	
표	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME		JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
B	2 Accident Investigation	99. B) 405.05 W W PV			ES 2 NO			
<u></u> 유								Route Number,
COMPLET	29a. CERTIFIER							
MP	(Check only	To the best of my knowled						
응	2 MEDICAL EXAMINER: On	THE DESIGN OF EXAMINISTION OF	indor investigation,	in my opinion, o				
出							D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF GEAT	H (ITEM 27) (Type P	rint)	2000	0	108	177
	DŘ. KENDALL FAULKNI		LANEY VA		TOUSO	N MD 21	204	
,	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		LILL IN	., LOWDO	11 9 1111 21	207	
	NOV 2 9 1994 July	Davidson Rond	all					

BALTIMORE, MARYLAND 21215-0020

-
_
0
25
876
68
9
~
BOX
0
=
-
O
$\circ$
۵
щ
85
S
DS
OC.
ECORI
0
()
$\sim$
ш
000
VITAL B
_
d
-
$\vdash$
>
<b>H</b>
$\circ$
_
7
=
NOISIN
=
S
==
>
-

HOBERTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

MEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should that it is not been to the state Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

MINT. II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENI REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last) Marv	М.	Keene			MONTH	OF DEATH DA		/EAR	TIME OF DE	_
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	NOV 7. DATE O		199		8:00 ACE (State or	
	216-03-4097	1 🗆 M 2 💢 F	81 YRS.	MONTHS DAYS	HOURS MIN.	Apri	Day, Year)	913	Mar Mar	yland	
99. FACILITY NAME (If not institution, give street and number) 3004 N. Ridge Road					t City	EATH		9c. COUNTY OF DEATH Howard			
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			-	10	d, INSIDE C	TY
- DIRECTOR		oward	EII	licott Ci	,				1	YES 2	NO
FUNERAL	10e. STREET AND NUMBER	Donal		101	ZIP CODE					T COUNTRY	?
N.	3004 N. Ridge	12. WAS DECEDENT EVER I	NUC INCO		21043			US			
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		PANIC ORIGIN? (Specify Yee or No— ticen, Puerto Ricen, etc.)  14. RACE — American Indien, Black, White, etc.  Specify: White					
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S U	SUAL OCCUPATION	)N	16h	KIND OF BUS	INESS/INDIAS	TRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)		ork done during mo		1.00		INESS/INDO	101		
AP.	10		Administ	rative (	Clerk	l F	edera	I Gov	ernm	ent	
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
BE (	Guiliano Misotti				Serafi	ina F	arina				
10	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural I						
-	Julian Misotti		3937	Hodges	Rd., Mo	onkto	n, MC	2111	1		
	20e, METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Rem 4 Donetion 1 Disposition	noval from State	D. PLACE AND DATE OF letery, cremetory or oth UIBNEY	er place) alley Me	emorial (	Garde	20c. LO	ATION — CIR		s <sub>im</sub> noniur	n.MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	1	22. NAME AN	D ADDRESS OF FA	CILITY		,			,
	Lowell	Lemmon	21		on Fune . Padoni						
	23. PART I. Enler the diseasea, or ahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARMAC	AMES	<u> </u>	de of dying, auc	h as cardi	ec or reapli	ratory arree	t,	1 100	mata Between nd Death
CERTIFICATION	Sequentielly liet conditione, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to deeth b	out not reaulting in	the underlying	cause given in	* 1	24a. WAS AN A PERFORI 1 YES 2	MED?	AM CO OF	RE AUTOPSY AILABLE PRIC MPLETION O DEATH?	R TO F CAUSE
-	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YES	Пиог	UNCERTAIN	<u>-</u>			1	YES 2	] 140
Ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN See No. 25. Was case reference to medical 26. Place of Death (Check only one)										
Sic	1 YES P NO	HOSPITAL;		OTHER:	5 Residence	6 G Other	(Specify)				
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJ			CRIBE HOW IN	JURY OCCU	RED		
8	2 Accident Fending Investigation				ES 2 NO						
	2 Cutotate 1 286 PLACE OF INJURY — At home form office 1 264 LOCATION (Characteristics of the state of the st										
COMPLETED	0.00	ICIAN: To the best of my know								Harris II.	
	296. SIGNATURE AND THE OF CERTIFIE			, iii niy opililott, u			inu prece, enc		-	1/	mated.
10-18	296. DATE STOKED (Mouth Day May)										
F.)	30. NAME AND ADDRESS OF PERSON WE Harry A. Oken,				Center	Drive	, Sui	MD te 103	210 El	43 licott	City
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN			-		-				

0 N 

BE

5

CLARENCE

31. DATE FILED (Month, Day 1994

MD

SARKODEE - ADVO

T. REGISTRANIO SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pages 1, 2, 3 should permit. urs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-transit notified at pe must medical examiner completely filled in by the or removal, the cremation, event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with prior to burial, traumatic and attending physician or other t y the attending phy: signed by the any shows a has been of h 23 this certificate h Item 0 marked, DIRECTOR: After the hours after death v S 28 Item THE HOSPITAL (
THE FUNERAL D
fied within 72 h = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: If

ITEM: 1. PER F.H. FILM G-717 11/29/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN RUTH LIEBMAN 510 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) FEB.7,1902 BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F VRS 025-20-1329D 92 MASSACHUSETTS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. AGNES HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 MAIDEN CHOICE LANE, APT. PV416 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced Specify WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) **EPSTEIN** FRANK **JEANETTE** BRODY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 FRANK LIEBMAN 2302 GERARD CT. BALTIMORE, MD 21209 20a. METNOD OF DISPOSITION 1 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata TEMPLE ISRAEL 4 Donation 5 Other (Specify) 11/28/1994 WAKEFIELD, MA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Deeth diseese or condition PLEURAL EFFUSIONS MALIGNANT month resulting in death) DUE TO (OR AS A CONSEQUENCE OF) METASTATIC ADENOCARGNOMA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LEG DEEP VEIN THROMBOSU RIGHT 1 TYES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 Vinpetiant 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, strest, tactory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TATLE OF CERTIFIER

29c. LICENSE NUMBER

Do 1598

ACNES

CATON

Sī

900

92014

AVE

94

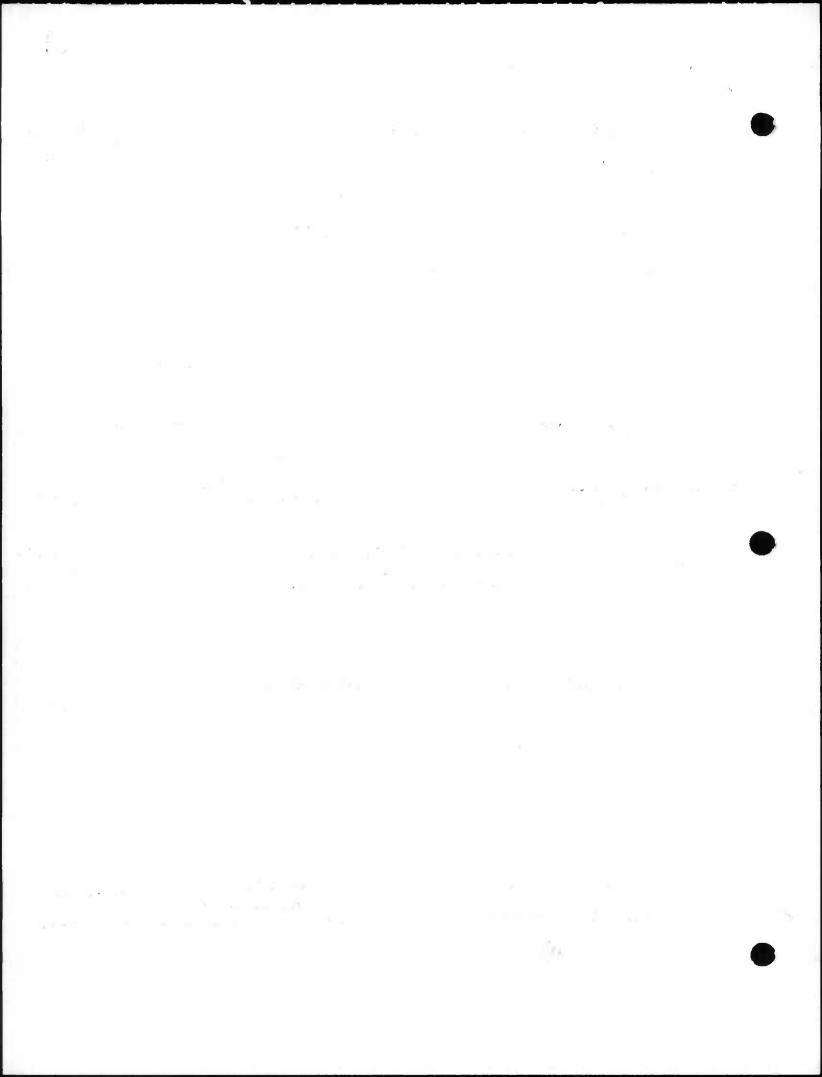
21229

29d. DATE SIGNED (Month, Day, Year)

MD

11

BALT



6210 62 Neds ANE SIGNATURE BALL 21215

retained by the hospital or attending physician. 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 2 after death. Page 6 may

Pages 1, 2, 3 should

permit.

use as the burial-transit

page

funeral director,

filled in by the

completely

and

attending physician

the atter

signed by the Health and I

Deen

has

After death

of Health

Dept.

State certificate

the

with this

NOV 29 1994

cremation, or

burial,

9

prior

Hygiene

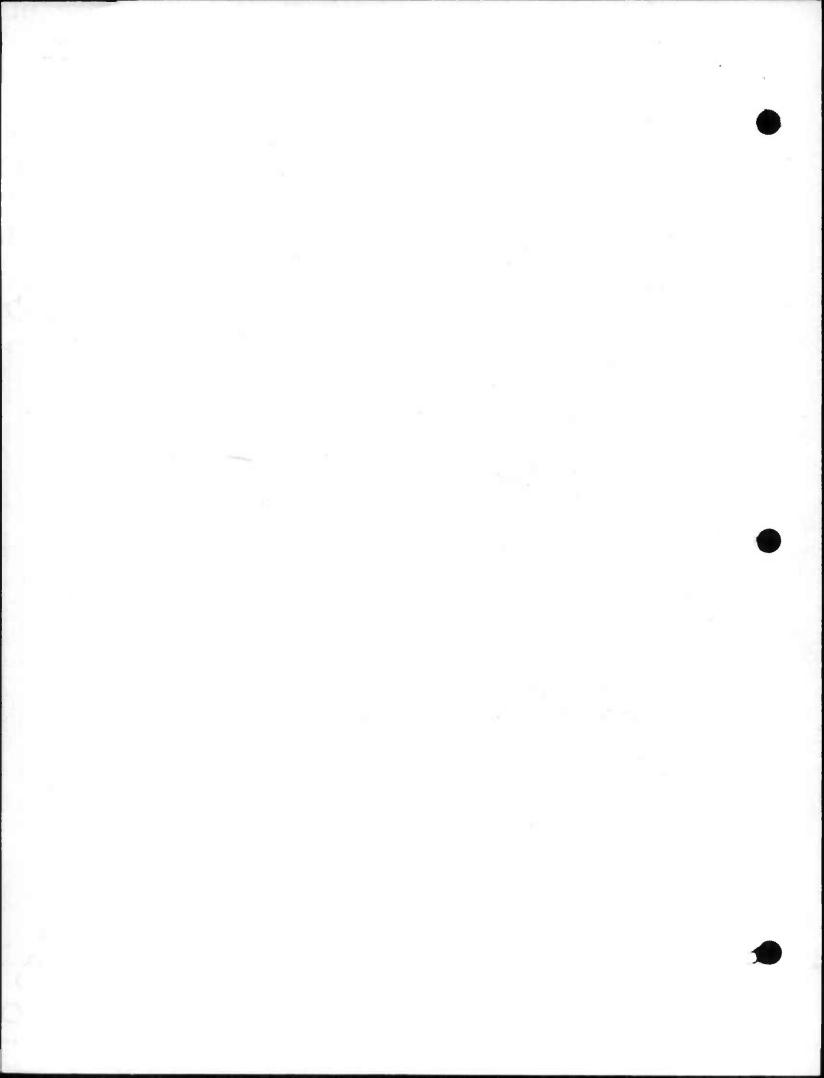
NOURS

_	ě
60,	with
BOX 687	executed
6	2
, P.O. BO	certificate
S, D	death
Ö	the
OR	that
RECORDS,	requires
	MP.
VITAL F	The
F	IG PHYSICIAN:
DIVISION	FINDING
5	AT
5	9 R
_	HOSPITAL
	14.1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LEVIT IOSIF NOV.23 1994 12:20 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 7 DATE OF BIRTH DEC . 25" 215-35-1308 XXXM 2 F 88 1905 YRS. RUSSIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JEWISH CONVALESCENT CENTER DIRECTOR BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO MARYLAND BALTIMORE OWINGS MILLS FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10911 HUNTCLIFF DR., APT. 10 21117 RUSSIA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Widowed 4 Divorced 1 YES 2 NO ВУ Specify Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) SHOE FACTORY SUPPLY AGENT 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname KHANIN PERSIAN LEVIT BRAINA BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
10911 HUNTCLIFF DR., APT. 10 OWINGS MILLS, MD 2111 19a. INFORMANT'S NAME (Type/Print) 2 MRS. GALINA LEVIT be 20s, METNOD OF DISPOSITION
1 A Burial 2 Cremation 3 C
4 Donation 5 C Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must BALTIMORE HEBREW 11/24/94 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23 PART I./Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. Liet only one cause on each line. the medical Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition resulting in death) INFARCTION (PROBABLE CAUSE) OCARPIA event, DUE TO (OR AS A CONSEQUENCE OF): traumatic Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any TRIVENIOSCLEROSS 1 TES 2 10 10 Shows S BNESCANCE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO 4 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item HOSPITAL 1 YES 2 10 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA rsing Nome 5 🗆 Ret 6 Cother (Specify) 6 27. MANNER OF DEATH 20m. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 1 YES 2 NO BY 2 Accident Investigation DIRECTOR: AI hours after de item 28 is 1 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If item 2 COMPLET 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 94 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AN SUNSHINE, M.D.

LAN SUNSHINE, M.D.



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 2 nours after death. Page 6 may DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed death certificate be requires that the AR. The

Pages 1, 2, 3 should permit. use as the burial-transit funeral director, page 5 should be detached for in and completely filled in by the to bunal, cremation, or removal. signed by the attending physician Health and Mental Hygiene prior to t. of I has be Dept. certificate h HOSPITAL OR ATTENDING PHYSICIAN:

FUNERAL within 72 h =

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

BE

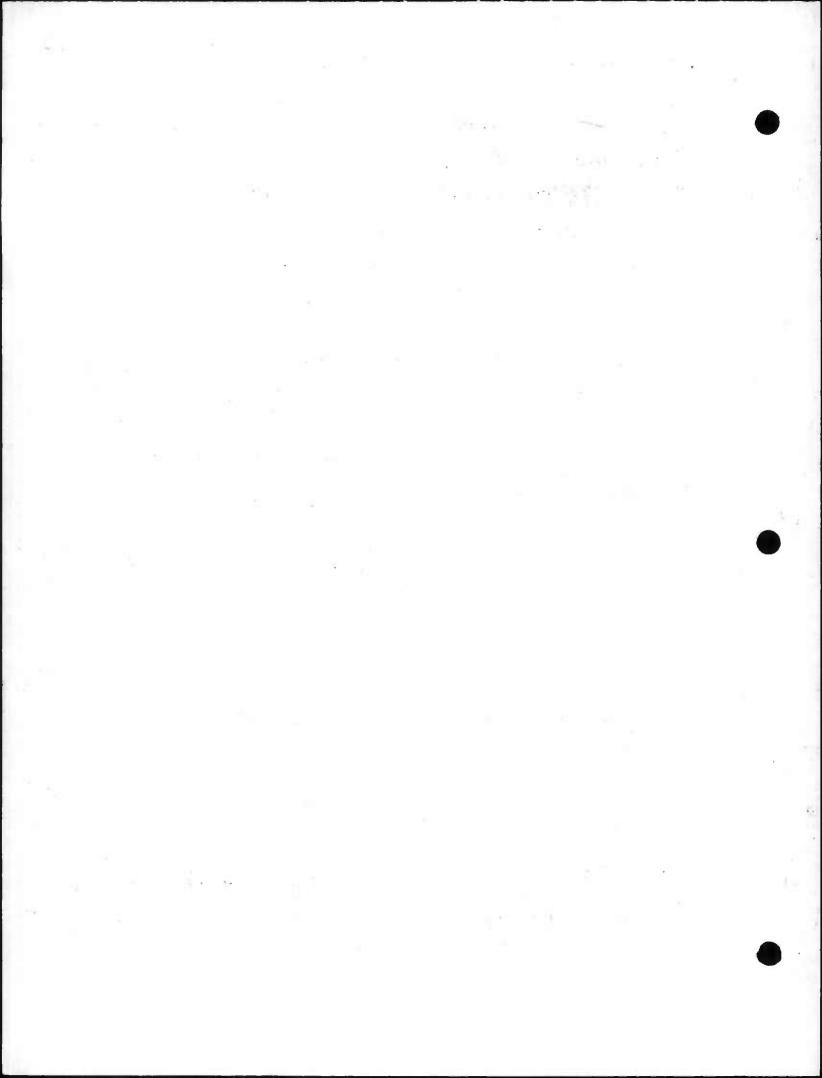
2

Item#1 Per F.H. Film# G-717 11/29/94 R.M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 845 -I EBM AN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. lest birthdev) IF UNDER 1 YEAR 7. DATE OF BIRTH RTHPLACE (State or Foreign IF UNDER 24 HRS. 02 - 01 - 23 19-10-4230 YRS. West Virginia 9s. FACILITY NAME (If no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor TIMORE RESIDENCE OF 10b. COUNTY 10c, CITY, TOWN OR LOCATIO 10d. INSIDE CITY LIMITS? Baltimore Baltimore 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE US 3020 E. Fallstaff Manor Ct 21209 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YOUNG 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, Whits, sic. FORCES? 1 YES A 1 Never Married 2 Married If yes, specify Cubsn, Maxican, Puerto Rican, etc.) YES 2 X NO ВУ Specify: White 3 Widowed 4 Divorced COMPLETED 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specif College (1-4 or 5+) 12 laboratory technician medicine once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 듉 Jack Liebman Sadie Bank BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kenneth Bank 2429 Lightfoot Drive Baltimore MD 21209 e 20a. METHOD OF DISPOSITION
P Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 ☐ Donation 5 ☐ Other (Specify) Beth Tfiloh Nov 27,1994 Baltimore MD examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate medical shock, or heert fallure. Liet only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset end Death the Lymphoma disease or condition \_\_\_\_\_ event, neumonitis traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER 1 YES 2 NO g Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF GEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO with c marked, 1 X Natural 5 Pending Investigation м 1 YES 2 NO ВУ After 2 Accident 28e. PLACE OF INJURY — At home, farm, strasi, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 66 COMPLETED 6 Could not be DIRECTOR: 28 4 Homicide ltem! 29s. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, ATURE AND TUBLE OF CENTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 4.0 ASZ44-1614 11/24 NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Harbor

NOV 2 9 1994

32 REGISTRAR'S SIGNATURE whis Danden Markette



10RE, MARYLAND 21215-0020
E
BAL
8
68760,
ВОХ
0

MINITED SICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P. TO THE HOSPITAL OR ATTE DIVININATION. The law requires that the death of FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EKITE	CALE	OF DEATH	REG. NO					
1 3	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY		LAVIN				2. DATE OF DEATH MONTH D. NOV . 2:	5 19	94 3.	TIME OF DEATN 5:00 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BIRTH	7 17	8. BIRTNPLA	NCE (State or Foreign		
	218-09-4990		79	YRS.	NONTHS DA	YS HOURS MIN.	(Month, Day, Year) July 15,19	915	Mary 1	and		
oc.	9a. FACILITY NAME (If not institution, give s	treet and number)				WN OR LOCATION OF DI	EATN	100	NTY OF DEATI			
DIRECTOR	Stella Maris RESIDENCE OF DECEDENT				Tow	son		Bal	<u>timore</u>	<u>!</u>		
REC	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION			100	d. INSIDE CITY		
	Maryland Harfo	rd			Fores	t Hill		1 YES 2				
FUNERAL	1713 Belvue Dri	VA				21050			.S.A.	COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. AR	MED	13. WAS	DECENDENT OF NISPAI	NIC ORIGIN? (Specify Yes		American Indien,			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O		•0		yes 2 X NO Specific			Specify:			
0	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S U	SUAL OCCUI	PATION	16b. KIND OF BU	SINESS/IND	USTRY	White		
L	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G.	Do NOT use	retired.)	g most of working						
COMPL	12 yr 's	Hous		House	wife			Own Home				
E C	William	Α.	9	turla	ŧ	18. MOTHER'S NA	ME (First, Middle, Meiden Surname) A Anderson					
m	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or Town, State, Zip Code)				
10	Mr. Stephen F. L	avin		Same	as #1	0						
	20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE A cemetary, cre	matory or oth	r other place   DATE   20c. LOCATION - City or Town, State   V Cathedral   11/29/94   Baltimore, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214											
	Paul Lidge to the Sock, or Leonard J. Ruck, Inc. 5305 Harford Rd.											
	23. PART i. Entar tha diseases, or o	complications that car	used the de	ath. Do no	t antar tha	moda of dying, auc	h as cardiac or resp	ratory arr	est,	Approximate		
	ahock, or haart fallure.  iMMEDIATE CAUSE (Final	List only on Cause o	on each line	hus	H	1 Factor	<b>1</b>			Onset and Death		
	immediate CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):											
		DUE TO (OR	AS A CONST	PALE OF	eler.	1218						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR		~								
<u>S</u>	CAUSE. (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):											
RTIF	that initiated evants resulting in death) LAST											
EDICAL CE	E4460 C3740	esuiting is	4/10	ying cause given in			AVA	HE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE				
		1	- (			1 VES 2	[] NO	OF	DEATHY YES 2 NO			
AN: ME							-			- 14		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	-/	- I	OTHER:	L PLACE OF DEATH (CN	eck only one)					
ا ≥ ا	1 YES 2 NO 27. MANNER OF DEATH	1 D Inpatient 2 D ERVI			Mursing	Nome 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	to make their	Charles .			
	1 Platural 3 Pending	(Month, Day, Ye		MJU	RY	WORKT	zna. ueşcrine now i	NUMY OCC	CHED			
D BY	3 Suitcide 6 Could not be	28e. PLACE OF BUI	IURY At he	me, farm, at	reet, fectory,	office	28f. LOCATION (Street of City or Town, State)		or Runsi Rous	Number		
ETED	4 Homicide determined	1					) and the latest of the latest					
MPL.		CIAN: To the best of my is										
000	296. SIGNATURE AND TITLE OF CERTIFIES	R: On the basis of examin	nation and a	Higation	, In my opinie	1						
D BE CO	23c SIGNATURE AND THEE OF CENTRED					29c. LICENSE NU	WB\$ 64	29d. DATE	E SIGNED (Mo	opth, Day, Year)		
<u> </u>	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, 1	Print)	delsase	Velle	Rd	20	94 COG		
	E. Nikhoo		2 4 1	210			1		,			
	NUV 2 9 1994	le Whender	<b>BINCAD/HE</b>				·					
1 1	I ITU I - U											

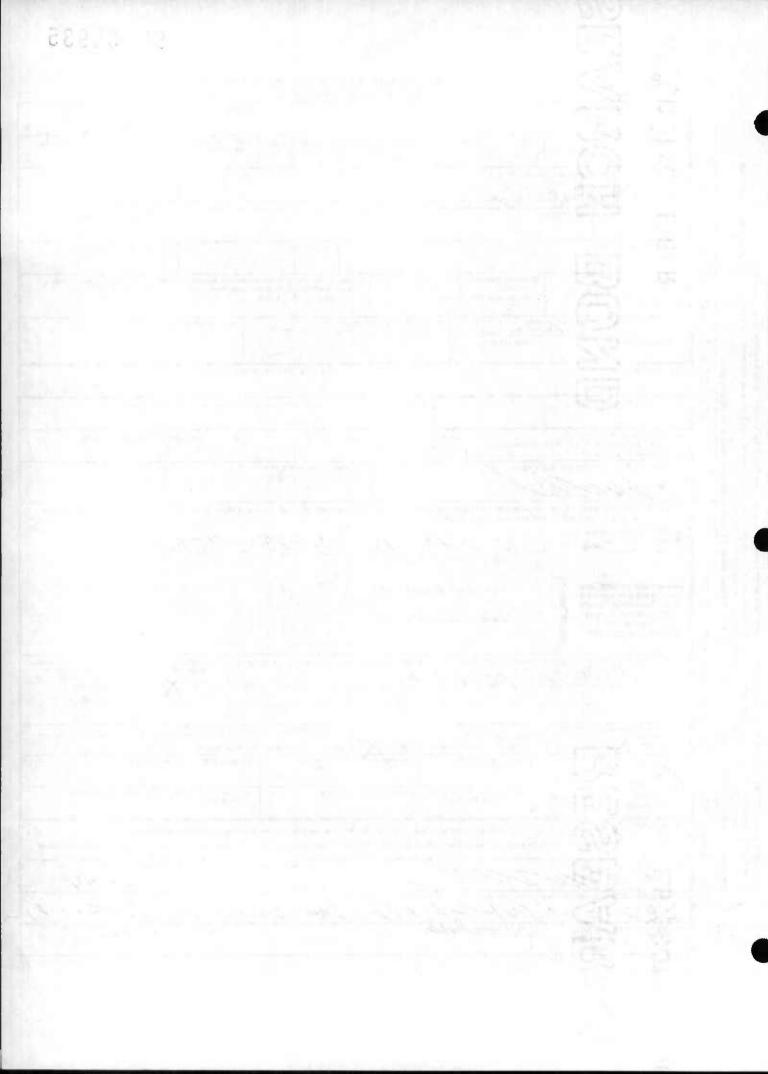
BALTIMORE, MARYLAND 21215-0020

ermit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		

218-18-3752-A  1	THPLACE (State or Formaty) ryland OEATH imore  10d. INSIDE CITY LIMITS? 1X YES 2 NO E WHAT COUNTRY?  CE — American Indian, ack, White, atc. Scrity: White  28 Town, State								
4. SOCIAL SECURITY NUMBER  218-18-3752-A  1	THPLACE (State or Formative) ryland OEATH  imore  10d. INSIDE CITY LIMITS? 1X YES 2 No F WHAT COUNTRY?  CE — American Indian, sek, White, stc.  sectly: White  28  Town, State								
218-18-3752-A  1	ryland  OEATH  imore  10d. INSIDE CITY LIMITS?  1X YES 2 NO  WHAT COUNTRY?  CE — American Indian, sek, White, stc.  BOTY: White  28  Town, State								
Baltimore   Balt	imore    10d. INSIDE CITY LIMITS?   1 X YES 2 NO FWHAT COUNTRY?   CE — American Indian, lock, White, stc. secify: White   Whit								
106. CITY, TOWN OR LOCATION  Maryland  106. STREET AND NUMBER  400 N. Bouldin St.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S., ARMED PORCES? 1   YES 2 AND IF YES 2 AND IF YES 2 AND IF YES 2 AND Specify Only highest prade completed)  15. OCCEDENT'S EDUCATION (Specify only highest prade completed)  16. DECEDENT'S USUAL OCCUPATION (Glave kind of work done during most of working  17. FATHER'S NAME (First, Middle, Last)  John Luskorn  190. INFORMANT'S NAME (First, Middle, Last)  17. SATHER'S NAME (First, Middle, Malden Surneme)  201. MARTHOD OF DISPOSITION (Topically)  180. MAILING ADDRESS (Street and Number or Pural Route Number, City or Rown, State, Zip Code)  202. MARTHOD OF DISPOSITION (Date of the position) (All of the position) (A	LIMITS?  1 X YES 2 NO  WHAT COUNTRY?  CE — American Indian, sec. white, stc. sec/ly: White  White  Z8  Town, State								
Baltimore   106. STREET AND NUMBER   400 N. Bouldin St.   21224   U.S.A	LIMITS?  1 X YES 2 NO  WHAT COUNTRY?  CE — American Indian, sec. white, stc. sec/ly: White  White  Z8  Town, State								
400 N. Bouldin St.  21224  U.S.A  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES? 1	CE — American Indian, lock, White, stc.  White  White								
11. MARITAL STATUS 1   Mover Merried   2   Merried   12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   Specify   Yes or No- it yes, specify Cuben, Mexican, Puerto Rican, etc.)   14. RAM Ble   No   No   No   No   No   No   No   N	CE — American Indian, sck, White, etc. sc/ly: White White								
(Give kind of work done during most of working life. Do NOT use retired.)    Specify only highest grade completed	28 Town, State								
Total College (1-4 or 5+)   N/A   Farmer   Farming	Town, State								
17. FATHER'S NAME (First, Middle, Last)  John Luskorn  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Susan Winkler  19a. INFORMANT'S NAME (Type/Print)  Mrs. Joan Kalthof (niece)  2 Stable Gate Ct., Perry Hall, MD 2112  20a. METHOD OF DISPOSITION 1 (X Burlsi 2 Cremation 3 Removal from State cymetery, crematory or other place)  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD  23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.	Town, State								
John Luskorn  19e. INFORMANT'S NAME (Type/Print)  Mrs. Joan Kalthof (niece)  2 Stable Gate Ct., Perry Hall, MD 2112  20e. METHOD OF DISPOSITION 1 (A Burlai 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD  23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.	Town, State								
Mrs. Joan Kalthof (niece)  2 Stable Gate Ct., Perry Hall, MD 2112  20a_METHOD OF DISPOSITION 1 O Burisi 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD  23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.	Town, State								
20g. METHOD OF DISPOSITION  1 (A Burla) 2   Cremation 3   Removal from State  4   Donation 6   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Schimunek Funeral Homes, Inc.  9705 Belair Rd., Baltimore, MD  23. PART 1. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.	Town, State								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  St. Joseph's Cemetery 11/26 Baltimore,  22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD  23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.	Maryland								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD  23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.									
disease or condition resulting in death)  a.   **DUE TO (OR AS A CONSEQUENCE OF):**  DUE TO (OR AS A CONSEQUENCE OF):**	Approximate Interval Betwo								
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF									
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check cold cod)									
EXAMINER? HOSPITAL: QUAGE:									
27. MANNER OF DEATH  286. DATE OF INJURY (Month, Day, Vear)  286. TIME OF 286. INJURY 286. DESCRIBE HOW INJURY OCCURED WORK?									
2 Accident Investigation Investigation	281. LOCATION (Street and Number or Rural Route Number,								
29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause	e(s) and manner as state								
290. SIGNATURE AND TITLE OF CERTIFIER  290. LIGENSE NUMBER  290. DATE SIGNE  1/2/3/7/6/7/									



EPITAL OR ATTEN NERAL DIRECTOR: n 72 hours after

CERTIFICATION

PHYSICIAN: MEDICAL

BΥ

COMPLETED

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 505

Robert C. Dart,

"91994

NOV 2

ing physician.	the burial-transit permit.		
ditelli	ISE as		
IN OIL	for t		
CHOING THIS DAY, THE DAY INCLUDES THE COOK THE COOK OF CACALIDO WITH THE HOUSE AND THE PROPERTY OF THE PROPERT	detached		28 is marked or item 24 shows any injury or other traumatic ausent the medical avaminar must be motified at seven
5	d be		2
מוופר	shouk		Aldian
2	6.5		9
lay r	r, pag		to he
200	in by the funeral director, page 5 shou		E
	ral		ina
near	fune:		2000
21.101	y the	noval	100
200	d iii	ren	Per
2	pallied	n, 0	E
	ely f	natio	4
73.64	Tiplet	Crer	-
2000	00 p	urial	4
CAC	n an	to b	8
200	sicla	prior	-
E NO	of D	епе	thar
5	ndin	Ę	0 40
Con	atte	ental	2
11110	y th	N Pu	in i
110	pau	th a	200
200	Sign L	Hea	D'AVG
200	peer	t. of	ch
201	has	Dep	23
	ficate	State	iton
CION	certif	the	90
É	this	with	rkend
	TOR: After this certificate has been signed by the attending physician and completely filled in by	death	e ma
1514	10H	after	20

DIRECTOR

FUNERAL

B

COMPLETED

BE

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 28, 1994 Katherine M. Lewis 1:20 A SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 219 01 4143 1 M 2 X Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Center Baltimore Anne Arundel RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Anne Arundel Maryland Glen Burnie 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 1, Box 288 P. Leigh Road 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 🕅 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewile Home Maker 12th 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Hilda Williams Griffin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Emory Koch 106 Cedar Hill Road Baltimore, Maryland 21225 20e. METHOD OF DISPOSITION
1 S Burial 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Cedan Hill Cemetery Baltimore, Maryland 4 Donetion 5 Other (Specify) \_ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Link only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition . Cardiac Arrest from Atherosclerotic Heart Disease Zyrs. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Dehydration 2 days Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Chronic Aspiration 6 mos. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST Alzheimer's Dementia 2 yrs. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Chronic Atrial Fibrillation AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER
(Chack nature of the control of the 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner ea stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Robert Deut Jr. D39660 11/28

Fort Ave.

Bultimore

The state of the same of the same 

-
0
68760
~
8
Ö
Ξ.
×
BOX
$\tilde{\approx}$
ш
P.0
о_
95
S
0
=
ш,
0
~
$\sim$
ш
RECORDS
-4
⋖
>
12
OF VITAL
0
_
S
_
> 1
=1
DIVISION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO THE HO TO THE PL

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE					
1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF CEATH	-	3. TIME OF OEATH					
THERESE L. M	ILLS				11 - 2	7 -199	94 12:02 p M			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign			
214-01-9677		84 YRS.	DAYS	HOURS MIN.			RHODE ISLAND			
9a. FACILITY NAME (If not institution, give		91	b. CITY, TOWN C	OR LOCATION OF OE	ATN	9c. COUNT	TY OF OEATH			
UNION MEMORIA	L HOPITAL		BALTI	1ORE						
10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
FLORIDA  100. STREET AND NUMBER	·	N	IKOMIS				1 X YES 2 NO			
2812 CASEY KE	V RD		101	. ZIP CODE 3427	5	1	EN OF WHAT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMEO	13. WAS OEC	<u> </u>	IIC ORIGIN? (Specify		5 • A •			
1 Never Merried 2 Merried	FORCES? 1 YES		If yes, sp		n, Puerto Ricen, etc.)		Black, White, atc. Specify:			
3 Widowed 4 Olvorced	DE 16 OCCUPATION						WHITE			
15. OECEOENT'S EOL (Specify only highest grack Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done durina mo	ON st of working	16b. KINO OF I	SUSINESS/INOU	STRY			
12	College (1-4 or 5 +)	HOUSEW	IFE		номі	EMAKEF	?			
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Maid					
WILLIAM D. LIC	GON JR.			ANNE	de La To	our				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1					
JULIETTE L. BI	RYAN	4913 ROLAND AVE. BALTO., MD. 21210.								
20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Ram  4  Donation 5 Other (Specify)	oval from State	PLACE ANO OATE OF CONTROL OF CONT	DISPOSITION (Na	me of	OATE 20c.	LOCATION — C	Ity or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	KEEN MOOI		MATORY O ACCRESS OF FAC		BALTC	).,MD.			
N /11.00/	2 /2.	1	HENF	RY W. JI	ENKINS 8					
Villan 14	. Wall 11		4905	YORK I	RD. BAL	O.,MI	21212.			
23. PART I. Enter the diseases, or shock, or heart failure.	List only one cause on a	tha daath. Do not sch lina.	entar tha mo	da of dying, auch	n aa cardiac or rei	piretory arra	at, Approximata intarval Between			
iMMEDIATE CAUSE (Final disease or condition	ASCVD						Onset and Death			
resulting in death)	a	CONSEQUENCE OF):								
Conventelle list on all list	b									
Sequantially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):								
CAUSE (Disease or injury	c. OUE TO (OR AS A	CONSEQUENCE OF:								
that initiated evanta resulting in death) LAST	4	. CONSESSED OF J.								
-	0.									
PART II. Other algnificant condition	s contributing to death b	ut not rasulting in t	ha underlying	g cauaa given in i	Part I. 24s. WAS . PERF	ORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
					1 _ YES	2 NO	OF GEATH?			
DID TOBACCO USE CONT	PIRLITE TO CALISE O	E DEATH VEC		LINICEDTAIN			1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	_	UNCERIAIN	N LO					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		THER:	e 5 🗌 Realdence	8 Other (Specify)					
27. MANNER OF OEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. OESCRIBE HOV	V INJURY OCCL	JREO			
1 Natural 5 Pending 2 Accident Investigation	(			ES 2 NO						
3 Suicide a Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, fectory, office		281. LOCATION (Stree City or Town, Sta		r Aural Route Number,			
40. 0007717170										
(Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know									
29b. SIGNATURE AND TITLE OF CENTIFIE		n evwor investigation, I	n my opinion, de				cause(a) and manner as stated.			
Chen 1	15-	m.		29c. LICENSE NUM	(/ G	29d, OATE	SIGNEO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	1000	7/	1 1//	2)174			
JOHN W. BOWIE		YORK RD.	TOW	SON, MD.	21204.					
NOV 2 9 1994	A REGISTRAR BIGN	ATURE								

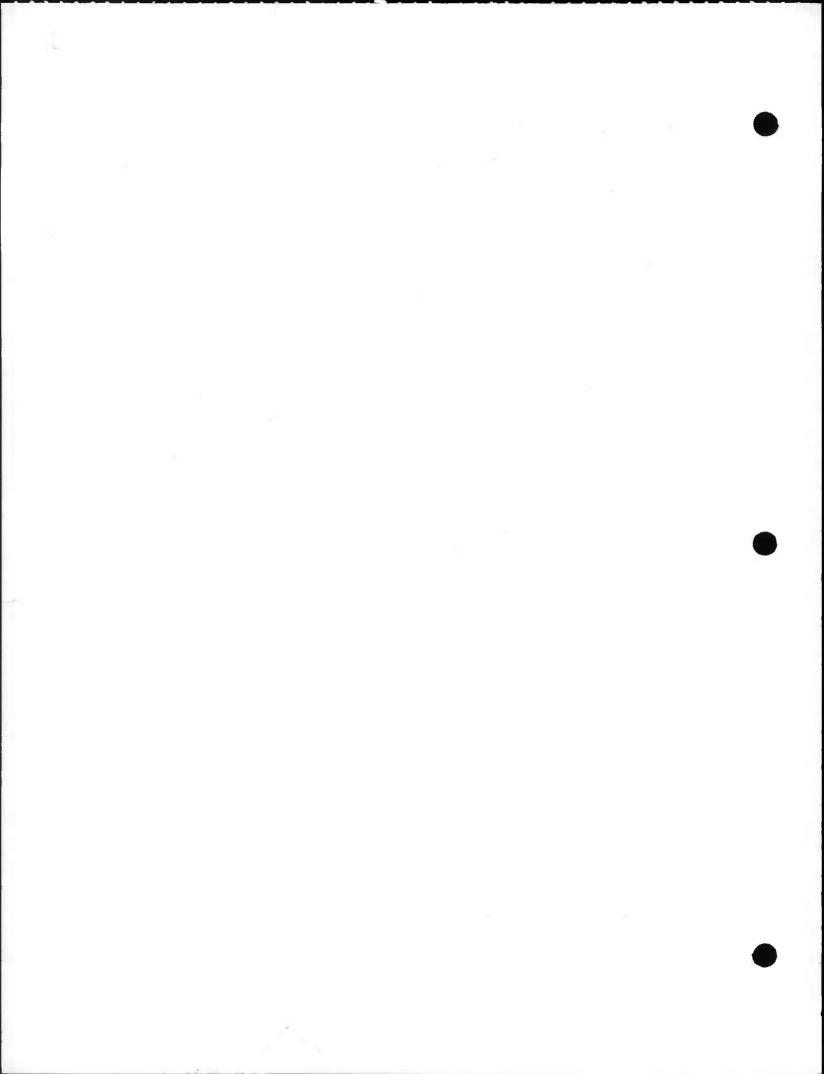
09289	
BOX	
$\approx$	
P.0	
S,	
2	
ō	
Ü	
ш	
œ	
4	
4	
=	
>	
<u></u>	
0	
Z	
0	
S	
5	
5	
-/	

THE TRIPING PRISIDENT The law requires that the death conflicate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

HECTOR After the centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should bun after cent with the State Dept. of Health and Mental Higher prior to build, cremation, or removal.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN				CENTIF	ICALL	UF	DEAL	П		REG. NO.			
	1. DECEDENT'S NAME (First, Mid							_		2. DATE OF	DEATH	AV .	YEAR	3. TIME OF DEATH
	MINNIE R.	MENC	KE							11-2		1994		5:30 a M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign
	214-40-6969		1 🗆 M 2 🔀 F	93	YRS.	- Contrib	DATS	HOURS	MITTE.	01-1		901		RYLAND
_	9e. FACILITY NAME (If not institut	tion, give str	reet and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	CHARLESTOW		RSING (	ENTER	?							BAL	TIMO	DRE
ច្ឆ	10s, STATE 10s	DENT b. COUNTY			10c CIT	Y, TOWN C	OR LOCAT	HON						
			IMORE											10d, INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	DALI	IMORE	CA	TONS	_	LE CODE				1 TYES 2 NO			
HA H	701 MAIDEN	CHO	TOP TAN			100								
FUNERAL	11. MARITAL STATUS	CHU	12. WAS DECEDEN		ADMED	Lan	100000		228				S.A.	
	1 Never Merried 2 Mer	ried	FORCES? 1	YES 2			If yes, sp	ecity Cuber	n, Maxican	IC ORIGIN? (		or No	Biaci	— American Indian, r, White, atc.
B	3 Widowed 4 Divorced		IF YES, GIVE Y	AR OR DATES			1   YES	2 NO	Specify				Speci	WHITE
	15. DECEDE (Specify only hig	NT'S EDUC	ATION	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON		18b. KI	ND OF BUS	SINESS/IN	DUSTRY	WIII I I
	Elementary/Secondary (0-12)	riest grade t	College (1-4 or 5	.)	(Give kind of title. Do NOT ut	work done ( se retifed.)	during mo	st of workin	g					
4	12			5	CHOO	L TE	ACH	IER		E	DUCA	OITA	N	
COMPLETED	17, FATHER'S NAME (First, Middle	, Last)			18. MOTHER'S NAME (First, Middle, Ma					dle, Maiden	siden Surname)			
BE	JOHN CHARLI	ES M	ENCKE					KAT	re r	REGIN	A ST	REE	PER	
	19a. INFORMANT'S NAME (Type/f			$\neg$	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Yown, Stete, Zip Code)									
-	LOUISE MACS	SHER	RY		461	2 RO	LAN	D A	/E .	BALT	O., M	ID.	2121	.0.
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION // DATE 20c. LOCATION — City or Town. State													
	4 Donation 5 Other (Spe	DLAWI	OLAWN CEMETERY 11/94 BALTO., MD.								fD			
	21. SIGNATURE OF FUNERAL SE		22.	NAME AN	O ADDRES	S OF FAC	ENKIN	2 2	COM	c 00	\			
	Miller													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat,   Approximate											Approximate		
l	shock, or heert fallure. List only one ceuse on each line.  interval Between Onset and Death													
l	disease or condition resulting in death)										Nove			
ı	DUE TO (OR AS A CONSEQUENCE OF):													
z														
2 ∥	Sequentially liet conditions if any, leading to immediate	0	DUE TO	(OR AS A CON	SEQUENCE O	F):								
HIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	2 .		-										
=	thet initieted evants reculting in deeth) LAST		DUE TO	(OR AS A CON	SEQUENCE O	F):								
EH	reediting in deetil) LAST	d												
2	PART II. Other eignificant of	onditions	contributing to	deeth but no	ot resulting	in the un	nderlying	ceuee g	Iven in F	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
5	CUF							V 00			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
3	DEMENTI	-A								—   ¹	YES 2	MNO		OF DEATH?
2	DID TOBACCO USE		IBLITE TO CA	LISE OF D	EATH V	:C 🗆 :	NO E	1 UNIC	ERTAIN					1 TES 2 NO
٤ I	25. WAS CASE REFERRED TO ME	-	IDOIL TO CA		LACE OF DEA			1 0140	CKIAII	1 1				
SICIAN	EXAMINER? 1 ☐ YES 2 1 NO		HOSPITAL:			OTHER	₹:		aldenes d	8 Other (S	Sec. 016.1			
	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCR		NJURY OC	CURED	
- 1	1 Natural 5 Pend	ding stigation	(Month, D	ay, Year)	INJ	URY		RK? /ES 2 [						
2	2 Accident Invet 3 Suicide 8 Coul	_	28e. PLACE O	F INJURY — AI	home, farm,	street, fact	ory, offici			281. LOCATIO	ON (Street a	ind Number	r or Rural F	loute Number,
		rmined	bullding,	etc. (Specify)						City or 1	own, State)			
9	29a. CERTIFIER 1 CERTIFY	NG PHYSIC	IAN: To the beat of	my knowledge	death occurr	ed at the t	ime date	and place	and due t	to the causel	a) and man		and	
ξl														) and menner ea stated.
3	29b_SIGNATURE AND TITLE OF			77					NSE NUM					
H I	Bonner	1	Jacks	100	<i>a</i> ,			130.00	NSE NUM	7		290. DAI	1 /	(Month, Day, Year)
2	36. NAME AND ADDRESS OF PER	RSON WHO	COMPLÉTED CALIF	SE OF DEATH	TEM 271 /Tuno	Print)		y 20	941	7		- //	1-21/	//
			LOWSKY				EN	СНОТ	CF	T.ANE	CAT	ONICI	/ <b>TT</b> T	F.MD
	31. DATE FILED (Month, Day, Year)			R'S SIGNATURI				01101	ĊE.	TAME	CAI	OMP	v 1UL	E/MD.
	NOV2 9 1994	- 4		or Randal										
- 16		//			-									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CERI	II-ICA	TE O	F DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Victoria	Irene	Mitc	chell	L		2. DATE OF MONTH	DEATH DAY	1994	3. TIME OF DEATH 10:00 P. M	
	4. SOCIAL SECURITY NUMBER 217-01-5730	5. SEX 6. AC	GE (In yrs. lest birtho	MONT	NOER 1 YEAR		7. DATE OF I	BIRTH by, Year)	8. BIRT	HPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b.	CITY, TOWI	OR LOCATION OF DI			COUNTY OF		
DIRECTOR	1215 Keithmont Ro	ad		$\perp$	Cato	nsville			Balti	more	
<b>H</b>	10a. STATE 10b. COUNTY		10c.	CITY, TO	WN OR LOC					10d. INSIDE CITY LIMITS?	
		Baltimore Catorisville 1 yes 2									
FUNERAL	100. STREET AND NUMBER 1215 Keithmont Ro	ad				101. ZIP CODE 21228		10	g. CITIZEN OF U.S.	WHAT COUNTRY? A.	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR OF	ES 2XXVO		If yes,	ECENDENT OF HISPAI specify Cuben, Maxics ES 2 NO Specif	n, Puarto Rica		No- 14. RACE - American Indian, Black, White, atc. Specify: White		
	15. DECEOENT'S EDUCA (Specify only highest grade c		18e. DECEDEN	EEDENT'S USUAL OCCUPATION  e kind of work done during most of working  16b. KIND OF BUSINESS/INDUS							
<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	OT use retir	ed.)	most or working					
M M		4	S∈	Secretary U.S. Government						ıt	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 3.3		18. MOTHER'S NAME (First, Middle, Meiden Surneme)							
H H	Henry James Mitch	ett		Lena Louise Erbeck							
၉	190. INFORMANT'S NAME (Type/Print)  Ellen Mitchell (	Ciator				t and Number or Rural				A 21220	
	20a, METHOD OF DISPOSITION					nt Road C					
	1   Burlal 2 □ Cremation 3 □ Remove  Donation 5 □ Other (Specify)	ral from State	20b. PLACE AND DA	or other pi	lecel		OATE		ON — City or T		
	21. SIGNATURE OF FUNCTIAL SERVICE LICE	NSEE	Meadowri	.dge	Ceme	tery 12/0	01/94	Dorse	ey, Mar	yland	
	Уменя	Diff	2			ANO ADDRESS OF FA M & RUSS Edmondson				al Homes e Maryland	
	23. PART I. Enter the diseases, or co	emplications that cau	and the death. [							Approximate	
	ahock, or heart fallura. Li iMMEDIATE CAUSE (Final	ist only ona cause or	aach line.					-A 1010-110	or ordered	Intarval Between Onset and Daath	
- 1	disease or condition	a.de	nocancu	ncm	i of	- stemac	4			8 months	
ı	reaulting in death) a.		S A CONSEQUENC							3	
z	n anno com mana can a mo e mano.										
일	Sequantially list conditiona, if any, leading to immediata	DUE TO (OR A	S A CONSEQUENC	E OF):							
CERTIFICATION	CAUSE (Disease or injury c.										
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENC	E OF):							
<b>5</b>	d.										
	PART II. Other significant conditions	contributing to deat	h but not raauiti	ng in th	undarly	ing causa given in	Part i. 24	. WAS AN AUT		b. WERE AUTOPSY FINDINGS	
DICAL							1	PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							_   ' '			OF DEATH? 1 □ YES 2 □ NO	
PHYSICIAN: ME	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE C	OF DE	ATH	YES   NO	P			· · · · · · · · · · · · · · · · · · ·	
¥.	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (Ch	eck only one)				
S		HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 🗆 DO		HER: Nursing H	ome 5 Residence	6 Other (Sc	pecify)			
Ή	27. MANNER OF DEATH	28a. DATE OF INJUR		TIME OF	28c. I	NJURY AT		BE HOW INJUI	RY OCCURED		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yes	")	INJURY		WORK? YES 2 NO					
	3 Suicide a Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home, fer	rm, street,	fectory, of	fice	28f. LOCATIO	ON (Street and I	Number or Rural	Route Number,	
<u> </u>	4 Homicide datermined	, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Only or it	Arti, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my kr	lowledge, death oc	curred at	the time, de	ite end piece, and due	to the cause(s	and manner	as stated.		
2	one) 2 MEDICAL EXAMINER									(s) and mennar ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NUI				D (Month, Day, Year)	
ם	Un Ottain	MD				D408				F / 9 4	
2	80 NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (	Type, Print,	)	1 - 10			11/20	117	
	VYVONNE OTTAL			ON 1	TUE	BALTIMOR	RE N	10 21	229	-1, 11	
	NOV 2 9 1994	32. REGISTRAR'S S									



-	•
C	
70	
2	
1	
6876	
9	
$\times$	
$\cap$	
$\mathbf{\circ}$	
BOX	
_	
-	
0	
۵.	
_	
40	
V)	
$\cap$	
_	
Œ	
RECORDS,	
$\sim$	
O	
111	
ш	
œ	
_	
et	
VITAL B	
_	
4.4	
OF	
0	
7	
-	
0	
SION	
S	
=-	
-	
_	
0	
_	

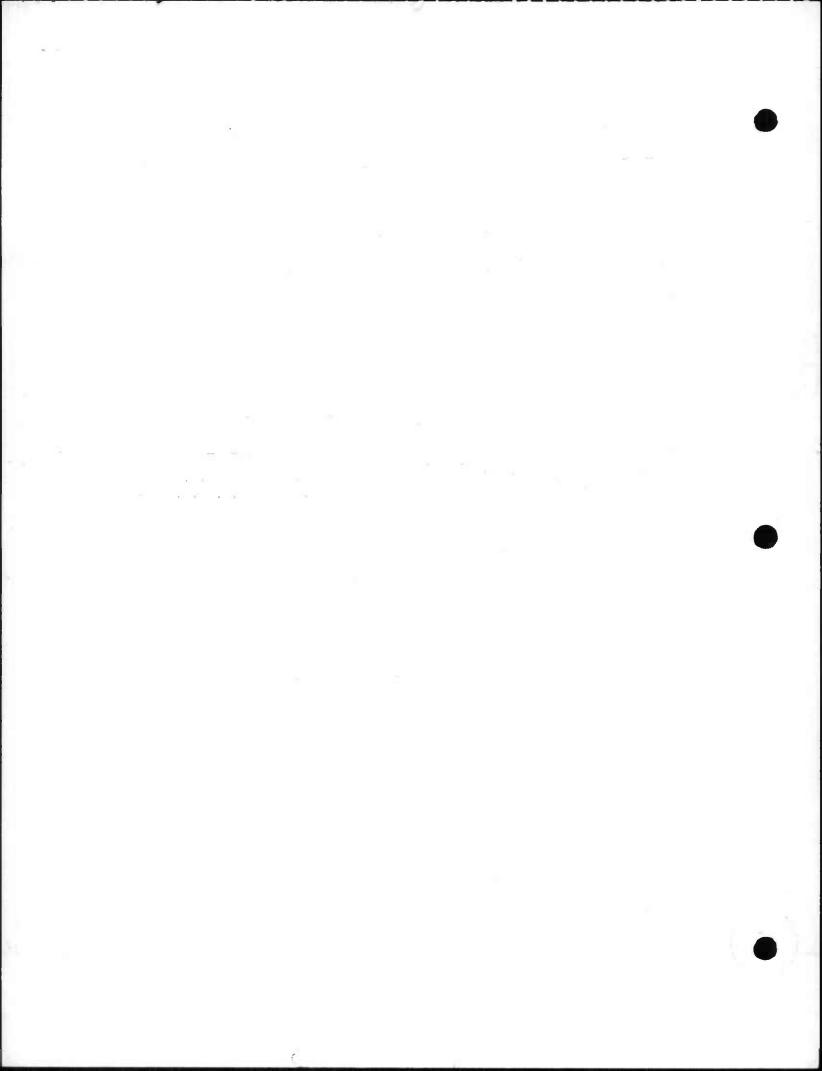
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		/ DEPARTMENT				MENTAL	HYGIENE	=
	С	<b>ERTIFICATE</b>	0	F DEAT	H		REG. NO.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND M	ENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN	_	3. TIME OF DEATN				
	BABY ROY BOY	MARSH	ALI			NOVEMBER	24.199	<sup>AR</sup> 4 8:25 a.m.™				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF I	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. 1	BIRTHPLACE (State or Foreign				
	220-41-6815	1 X M 2 D F		THE DAYS	HOURS MIN.	AUGUST 20		MARYLAND				
	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN C	R LOCATION OF DEA		9c. COUNTY	OF DEATH				
DIRECTOR	THE JOHNS HOPKIN	IS HOSPITAL	В	ALTIMO	RE CITY		BALTI	MORE CITY				
<u>ا</u> پي	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCAT	ION			10d, INSIDE CITY				
ā	MARYLAND BALTI	MORE CITY	BALTI	MORE				LIMITS?				
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	ZEN OF WHAT COUNTRY?				
	311 NORTH FULTON	AVENUE; SECON	ID FLOOR	_ 2	1223		UNITED	STATES				
FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPANIC	ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced		Specify:									
	15. DECEDENT'S EDU		16a. DECEDENT'S USU	AL OCCUPATION	in .	16b. KIND OF BU	SINESS/INDLIST	BLACK				
	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done durina mo	st of working	1000 1000	JINESS/INDOS					
COMPL	0											
Š	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S NAM	E (First, Middle, Meiden	Surname)							
BEC	ROBERT WIMBLEY				MARY MA	RSHALL						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a		ute Number, City or Tow	n, State, Zip Coo	le)				
-	MARY MARSHALL		311 NOR	TH FUL	TON AVENU	JE SECOND	FLOOR	BALTIMORE, MD				
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	noval from State can	PLACE AND DATE OF DIS	SPOSITION (Na			CATION — City	or Town, State				
	MOUNT ZION CEMETERY 11-30-94 BALTIMORE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY CALVIN L. WILLIAMS F.S. 270 FREDHILTON PASS											
	acrond.	. William	HK			F.H.,P.A.						
	23. PART f. Enter the diseases, or shock, or heart failure.	complications that causa List only one cause on a	tha death. Do not a	inter tha mo	da of dying, auch	as cardiac or reap	retory srrest,	Approximata				
		Section of the second section		_	0			interval Between Onset and Death				
	disease or condition resulting in death)	· Superior	Vena	Cava	Syndr	ome		149				
		a. Superior Voue to (or as a	CONSEQUENCE OF):		Elen			1 14/1				
S	Sequentially list conditions,	b. Iveonata	CONSEQUENCE OF):	15	LYTHIOC	011175	_	466				
RIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Premat						95d				
음	CAUSE (Disease or injury that initiated events	Co.	CONSEQUENCE OF:					106				
	resulting in dasth) LAST	100000000000000000000000000000000000000	ALL CONTRACTOR DE LA CO									
5		d										
Ä.	PART fi. Other significant condition	ns contributing to death b	ut not resulting in th	e undarlying	cauaa given in P	ert f. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
MEDIC	Respuratury 0	15 ress squ	rarome,	105	1 see	_ 1 NYES 2	□ NO	COMPLETION OF CAUSE OF DEATN?				
Ē	Se 13515					_		1 TYES 2 NO				
Z.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O			UNCERTAIN							
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. PLACE OF DEATN (Check only one)  HOSPITAL:  OTHER:											
ן מ			5 Residence 8									
- 1	1 TES 2 NO	1 Inpatient 2 ER/Outs	295 TIME OF	27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE NOW INJURY OCC								
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY	INJURY	WO	RIC?	rad. DESCRIBE NOW I	NJUNY OCCURE	:0				
5	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	- At home, farm, atreet	M 1 🗆 Y	RK? ES 2 NO							
5	1  YES 2 NO  27. MANNER OF DEATN  1  Naturel 5  Pending	28a. DATE OF INJURY (Month, Day, Year)	- At home, farm, atreet	M 1 🗆 Y	RK? ES 2 NO	tet. LOCATION (Street and City or Town, State)						
5	1 VES 2 NO  27. MANNER OF DEATN  1 Naturel 5 Pending Investigation  3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, atreet	M 1 1 Y	RK? ES 2 NO	ter. LOCATION (Street and City or Town, State)	and Number or R					
5	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known)	At home, farm, atreet	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	ter. LOCATION (Street city or Town, State)	and Number or R	ural Route Number,				
COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the best of my known of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best	At home, farm, atreet	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PRES 2 NO	tel. LOCATION (Street City or Town, State) the cause(a) and mar me, date and place, an	and Number or R	ursi Route Number, use(s) end menner as stated.				
BE COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Cidan): To the best of my know ER: On the best of examination	At home, farm, atreet	M 1 1 1 , factory, office the time, date my opinion, de	RRY ES 2 NO	ter. LOCATION (Street City or Town, State) the cause(a) and mar ne, date and place, an	and Number or R	urel Route Number, use(s) end menner as stated.				
COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES OF CERTIFIES  29b. SIGNATURE AN TITLE OF CERTIFIES	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Cidan): To the best of my know ER: On the best of examination	At home, farm, atreet	M 1 1 1 , factory, office the time, date my opinion, de	RRY ES 2 NO	ter. LOCATION (Street City or Town, State) the cause(a) and mar ne, date and place, an	and Number or R	urel Route Number, use(s) end menner as stated.				
BE COMPLETED BY	1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Cidan): To the best of my know ER: On the best of examination	At home, farm, atreet	M 1 1 1 , factory, office the time, date my opinion, de	RRY ES 2 NO	ter. LOCATION (Street City or Town, State) the cause(a) and mar ne, date and place, an	and Number or R	ursi Route Number, use(s) end menner as atated.				





BALTIMORE, MARYLAND 21215-0020 BOX 68760 P.0.

permit. Pages 1, 2, 3 should hospital or attending physician. tached for use as the burial-transit director, page 5 should be detached nours after death. Page 6 may be retained by the the or removal. completely filled in by I cremation. executed to burial, physician and death certificate be prior Mental Hygiene signed by the a Health and Men requires that the has be Dept. t OR ATTENDING PHYSICIAN: The law item 23

DIRECTOR

FUNERAL

BY

COMPLET

BE notified

2

Once.

3

pe

must

examiner

the medical

event.

traumatic

or other

injury,

shows any

0 the

certificate I

this c marked,

After

DIRECTOR: /

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT; If item 2

death

28 is

CERTIFICATION

PHYSICIAN:

В

COMPLETED

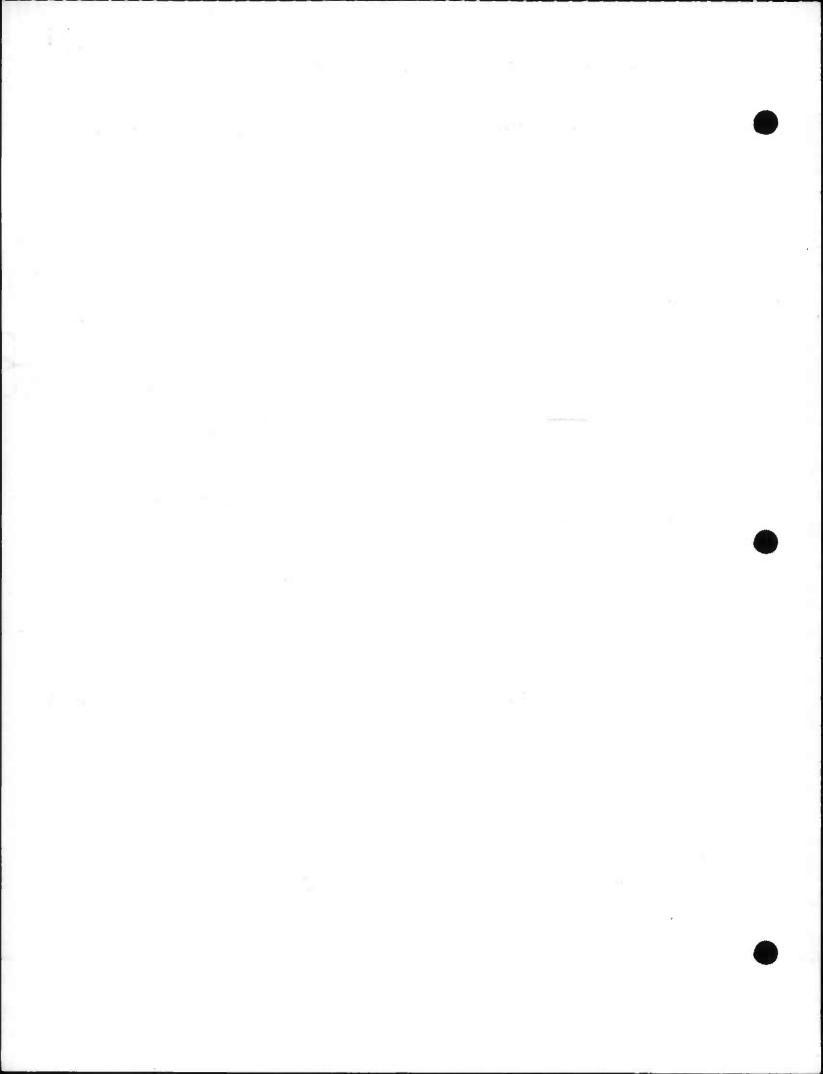
BE

2

Item#19a Film# G-717 11/29/94 R.M. Per F.H.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Worth Der Anna Moran 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Dey, Year)
Jan. 15, 1918 Maryland IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 218-01-9153 1 🗌 M 2 😾 F YRS. 76 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Middle River 1 YES TO NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 306 Endsleigh Ave. 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify Specify: 3 Widowed 4 Divorced White 15. DECEOENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 8th 17 FATHER'S NAME (First Miridle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Wagner Margaret Jacobs 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Patricia Pagh 908 Cord Street Baltimore Md. 21220 20a. METHOD OF DISPOSITION
1 

↑ Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 S Burlai 2 Cremation 3 L 4 Donetion S Other (Specify) Cemetery 11/29/94 Baltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral of Essex 300 Mace Ave. Baltimore Md. 21221 23. PART I. Enter the diseases or semplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or bean failure. List only one cause on each line. Approximata intarvai Batween IMMEDIATE CAUSE (Fine) Onaet end Death disease or condition mobabl +K resulting in deeth) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? LICERS + ANEMIA 1 4 YES 2 | NO DE DEATH? RENAC FAILURE CHRONIC 1 DIES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER 1 | YES 2 1 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide 29e. CERTIFIER (Check ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner se stated. 19b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Carlos M. Vallegoso M.D 11-26-94. D15354 30. NAME AND ADDRESS OF PERSON WHO COMPLYED CAUSE OF DEATH (ITEM 27) (Type, Print) 201 E. UNIV. PKWY -BALTO. MD. 21218 ARBEGOSO UNION MEMORIAL HOSPITAL

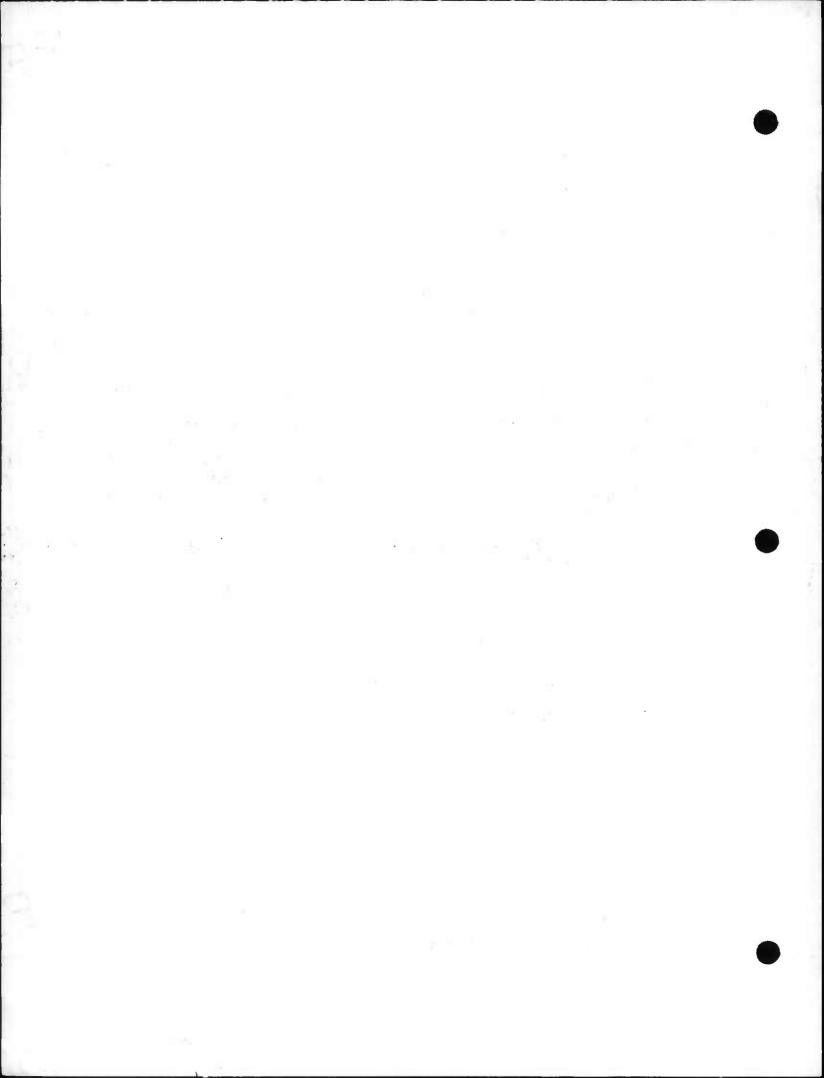


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAN				CLITTI	ICATE	OF	DEATH		REG. NO.			
		t. DECEOENT'S NAME (First, Middle	, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
		STEVE	V M	ORGAN I	MCGINI	VIS				NOVEN	(DED		YEAR 1994	7:12P M
	1	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF		22, 1		PLACE (State or Foreign
			- 1	1 V M 2   F		YRS.	T	DAYS	HOURS MIN.	(Month, D	lay, Year)	-	Country	)
용		A: FAOR ITM MARKE (III							12   7		/199			rvland
3 should	~	9a. FACILITY NAME (If not institution					9b. CITY, 1	OWN O	OR LOCATION OF D	EATH		9c. COUN	ITY OF DE	ATH
2, 3	Ö	GREATER BALTIM		MEDICAL	CENTI	ER	TO	WSO	N			BALT	IMOR	$\partial E$
<del></del>	5	RESIDENCE OF DECEDE	COUNTY										$\overline{}$	*****
200	DIRECTOR			•			Y, TOWN OR		TON					10d. INSIDE CITY LIMITS?
nit.			Salt	imore			Abingo	lon						1 YES 2 NO
peru	M	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
physician. burial-transit permit. Pages 1,	FUNERAL	3162 Hidden Ri	idge:	S				1 2	21009					
physician burial-tra	3	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN L	J.S. ARMED	13. W	S DEC	ENGENT OF HISPA	NIC ORIGIN? (	Specify Yes	or No-	14. RACE	- American Indian,
		1 Never Married 2 Marrie	d	FORCES?									Black, Specifi	, White, etc.
ding the	BY	3 Widowed 4 Divorced							4				ap com	WATE
r attending use as the	밊	15. DECEDENT (Specify only highe	'S EDUC	ATION ompleted	1	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
_ 3	🗓	Elementary/Secondary (0-12)	J. g. doo o	College (1-4 or 5	+)	life. Do NOT u	se retired.)	nng mo	st or working					
hospital tached fo	탈													
the hospital of detached for once.	COMPLETED	17. FATHER'S NAME (First, Middle, L	ast)						18. MOTHER'S NA	AME (First, Mide	tle, Maiden	Surname)		
के के के	Ш	Shawn	Mi	cginnis					18. MOTHER'S NAME (First, Middle, Melden Surname)  Michele Hickey					014
5 should	00	19a. INFORMANT'S NAME (Type/Print)				19b. MAILING	ADDRESS /	Street a	nd Number or Rural		City or Town			ey
5 should notified	일	G.B.M.C. PA		T.OGV		6701								
y be		20a. METHOD OF DISPOSITION	1110	1001	Tax II									21204.
death. Page 6 may be funeral director, page xaminer must be	1 1	1 Burlal 2 Cremation 3		ret from State		LACE AND DATE	ther placel			OATE		CATION —		
Page 6 al direct ner m		4 Donation 5 Other (Specif			_ [GR	EEN MC		CRI	EMATORY	$\frac{111}{9}$	4 ]	BALTO.,MD.		
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERV	ICE LICE	NSEE			22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO.							
		1.000e	n K	CALL	00/1	1	49	05	YORK R	ימו חיי	T TO	CNOC		1212
		23. PART i. Enter the disease	a. or co	emplications the	et caused t	he death Do	not enter ti	na mo	de of duing au	b an andia	LITO	• , MD	• 4	Approximete
5 5 6		shock, or heert fo	ilure. L	let only one ce	use on eec	h line.	cintor t	1110	de or dying, ade	on on carolo	. or reapi	retory arr	Dell',	Interval Between
y filled thon, o	1 1	IMMEDIATE CAUSE (Finel disease or condition		CORNE	- 11	1 7100	A. F.	170	Pie III Am	11 -	11000	0001	1 . =	Onset and Deeth
within npietely fille cremation, vent, the		resulting in deathj		9 (411)	= 11			) (K	I.WLAR	ne-	1401	JUH	MAG	- SMULLINE
completely filled tial, cremation, or c event, the m				DUE TO	(OR AS A C	ONSEQUENCE O	F):	1	· 1					
and com burial,	Z	Sequentially list conditions,	b.	251	veek	3-171	em	ur	uly					Since brile
8 "0 =	CERTIFICATION	If any, leading to immediate		DUE TO (OR AS A CONSEQUENCE OF):										
	8	cause. Enter UNDERLYING CAUSE (Disease or Injury	<b>c</b> .				y .							
nding phy Hygiene p	틸	thet initiated events	1	DUE 10	OR AS A C	ONSEQUENCE O	F):							
endir Hyy		reaulting in death) LAST	d.											
the atten Mental H		DART II Osh I III A	- that		2000									
= 0 =	EDICAL	PART II. Other aignificent co	naitiona	contributing to	deeth but	not resulting		eriying	g ceuse given in	Part i. 24	PERFOR			WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
signed by Health an	음	Kesp	119	try &	)13th	13 100	may	in	ne.	1	YES 2	DAO		COMPLETION OF CAUSE OF DEATH?
				0			,					V		1 TYES 2 NO
been of b	-	DID TOBACCO U	SE C	ONTRIBUTE	TO C	AUSE OF	DEATH	ł Y	ES IT NO					
has be Dept.	A	25. WAS CASE REFERRED TO MEO	_						ACE OF OEATH (C)	heck only one)				
DR ATTENDING PHYSICIAN: The law req DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 she	PHYSICIAN: M	EXAMINER?		HOSPITAL:	ER/Output	feet 2 □ DOA	OTHER:	- 11						
certification the	¥	27. MANNER OF DEATH		28a. DATE OF		28b. TIR			e 5 🗆 Residence	28d. DESCR		u uumv ood	NIGED.	
NDING PHYS I: After this or r death with Is marked,		1√ Netural 5 ☐ Pendin	9	(Month, L		IN	JURY	WO	RK?	280. DESCR	IBC NOW II	NJUNT OCC	UNED	
After After death	BY	2 Accident Investi	pation	200 01 405 (	DE IN HIERA				res 2 No					
END DR: /	品	3 Suicide 8 Could 4 Homicide datarm		building.	atc. (Specify	- Al home, term,	street, factor	y, office		28f. LOCATt	ON (Street a fown, State)	ind Number	or Rural Ro	oute Number,
DIRECTOR: hours after 18 I														
DIRE DOURS Hours	2	29a. CERTIFIER (Check only	PHYSIC	IAN: To the best of	f my knowled	iga, death occur	ed at the tim	e, data	and place, and due	to the cause	a) and man	ner aa atat	ed.	
PITA ERAI	COMPL													and manner as stated.
FUN With		29b. SIGNATURE AND TITLE OF CE												ACCANONICATE -
표분들	BE	410. Ω. a.	1190	- 1	ND				29c. LICENSE NU	D / O	'	29d. DATE	SIGNEO	(Month, Day, Year)
TO THE HOSPITAL OR A TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT. If Item	ဥ	20 MAME AND ADDRESS OF	ON THE	CO) 400	100				160	260		1	14	7/17
	'	30. NAME AND ADDRESS OF PERS	ON WHO	COMPLETED CAU	SE OF DEAT	H (tTEM 27) (Type	Print)	0	· ·	-60	0.0	0-00		1110 120
		210N-71	VV	JIVA	67	DIA	ma	M	rs sm	CEY,	1200	nv	wie	MU21204
		31. DATE FILEO (Month, Day, Year)	1	32. AEGISTA	AR'S SIGNAT	DRE!								/
		2 9 1934	0	-										



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

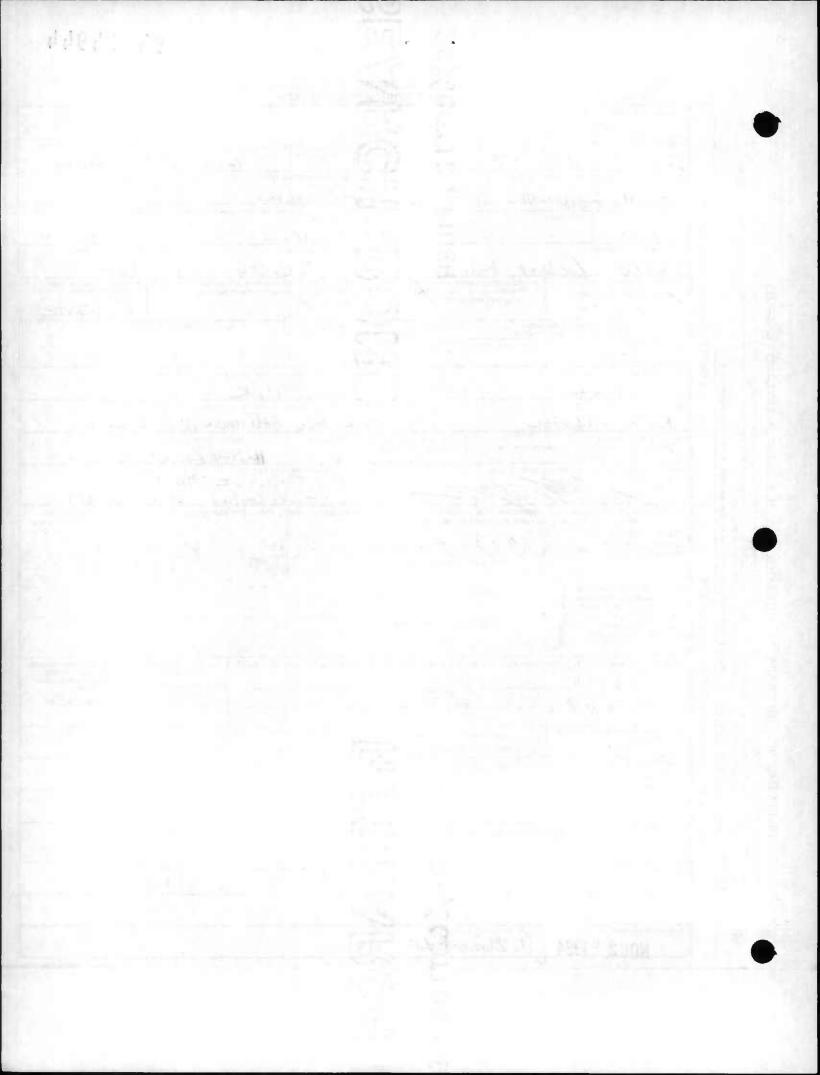
Per F.H.

Film# G-717 11/29/94 R.M.

REGISTRAR		OINIL OI II	MAN I L					MENTA		_		
1. DECEDENT'S NAME (First,	Middle, Lest)	-										3. TIME OF DEATH
ALFRED		LONZO -	A-			MEALEY		NOV	ËMBER "	27, 19	94	03:10 AM M
4. SOCIAL SECURITY NUMB	ER	5. SEX		In yrs. lest be			IF UNDER 24 HRS.	7. DATE	OF BIRTH	1915 8	BIRTH	PLACE (State or Foreign
213 - 14	7078	1 🔀 M 2 🗆 F	79		YRS.	WONTHS DAYS	HOURS MIN.	FEBI	RUARY 2	27, W		
9a. FACILITY NAME (If not ins	stitution, give s	reet and number)						EATH	REG. NO.  OF DEATH  MBER 27, 199  OF BIRTH  h, Day, Year) 1915  UARY 27, WES  Sc. COUNTY OA. A. A. C  109. CITIZEN OU. S  P. (Specify Yea or No— 14. F. F. S  A. A. C  INCLUDE OF BUSINESS/INOUSTR  REALTY COMPA  Middle, Meiden Surname)  WAI  Der, City or Town, State, Zip Code  LEN BURNIE, MI  FO 20c. LOCATION — City of  OA GLEN BURNIE  HOME  CITY OF TOWN, State, Zip Code  LEN BURNIE  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue  ATION (Street and Number or Rue			
		SPITAL				GLEN	BURNIE			A.A.	COU	JNTY
RESIDENCE OF DEC		,			10c CITY	TOWN OR LOC	ATION					40.4 10.005 0.00
MARYLAND	ANNE	ARUNDEL			-							LIMITS?
	RANCH	DRIVE										
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	D	13. WAS D		NIC ORIGI	N? (Specify Ver			
1 Never Merried 2 🔀	Married	FORCES? 1	YES	2 📉 NO		If yes,	specify Cuban, Mexica	an, Puarto	Rican, etc.)	. 01 110	Black	, White, atc.
3 Wildowed 4 Divor	rced		ann on br			1 '"'	S 2 X NO Specif	γ:			Speci	W WHITE
				16a. DECE	DENT'S U	SUAL OCCUPA	TION	16	b. KIND OF BU	SINESS/INOUS	STRY	
Elementary/Secondary (0-	- 1		r)	life. Do	NOT use	retired.)	nost or working					
8TH.		NONE		MAI	NTE	NANCE			REAL	ry com	PAN	Y
	ddle, Last)						18. MOTHER'S NA	ME (First,	Middle, Malden	Sumame)		
GEORGE			MEAL	EY			LUAR	IE		W	ARE	
19a. INFORMANT'S NAME (Ty	/pe/Print)			19b. R	AAILING A	DDRESS (Stree	and Number or Rural	Route Nun	nber, City or Tow	n, State, Zip Co	ode)	
MRS GARNETT	C. MEA	LEY		810	) CEI	DAR BRA	NCH DRIVI	E, Gl	LEN BUI	RNIE,	MD	21061
1X Burlel 2 Cremation	n 3 🗆 Rame	oval from Stata	cem	etery, creme	tory or oth	er place)		1 I Å	701		-	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	/	1111	X 1 1 1 1 1	_		CILITY	74 GLE.	N DUKN	IE,	MD
1 98 x	1	5/										
22 DART I Franche di	arye	Hugh	tui									MD 21061
shock, or he	eart fallure.	omplications the	t cauead	the daeti	n. Do no	t anter tha n	iode of dyling, suc	h as car	diac or raapi	ratory arres	et.	Approximata
			ise oil es	ach line.						,		Interval Between
	ei											Interval Between Onset and Death
iMMEDIATE CAUSE (Find disease or condition resulting in death)	ei				20							
disease or condition	ei				IC ENCE OF):							
disease or condition resulting in death)	+	DUE TO	(OR AS A	STU,		emp						
disease or condition resulting in death)  Sequentielly list condition if any, leading to immed	ons, flete	DUE TO	(OR AS A	STU,		emp						
Sequentielly list condition is a sequential of the sequential of t	ons, flete	DUE TO	(OR AS A	CONSEQUE	ENCE OF):	emp						
disease or condition recuiting in death)  Sequentielly list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente	ons, fliete NG	DUE TO	(OR AS A	CONSEQUE	ENCE OF):	emp						
disease or condition recuiting in death)  Sequentielly list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente	ons, fliete NG	DUE TO	(OR AS A	CONSEQUE	ENCE OF):	emp						
Sequentielly list condition from the sequential of the sequential	ons, flete NG	DUE TO DUE TO DUE TO	(OR AS A (OR AS A	CONSEQUE CONSEQUE	ENCE OF):	eurp.	y leura		24s. WAS AN	AUTOPSY		Onset and Death
Sequentielly list condition resulting in death)  Sequentielly list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST	ons, sliete NG Ty Tr Condition	DUE TO DUE TO DUE TO	(OR AS A (OR AS A	CONSEQUE CONSEQUE	ENCE OF):	eurp.	y leura		24s. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentielly list condition resulting in death)  Sequentielly list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST	ons, sliete NG Ty Tr Condition	DUE TO DUE TO DUE TO	(OR AS A (OR AS A	CONSEQUE CONSEQUE	ENCE OF):	eurp.	y leura		24s. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death)  Sequantielly list condition if any, leading to immedicause. Enter UNDERLY lit CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST  PART II. Other eignificant	ons, flete NG ry	DUE TO DUE TO	(OR AS A (OR AS A	CONSEQUE CONSEQUE CONSEQUE ut not real	ENCE OF):	the underly	ng cause given in Craft	Part I.	24s. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
disease or condition resulting in death)  Sequantielly list condition if any, leading to immed cause. Enter UNDERLY if CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST  PART II. Other eignificant Cause. Enter UNDERLY in Cause. Enter UNDERLY in CAUSE. OTHER CAUSE. CAUSE OF CAUSE	ons, flete NG Pry Transcription of the Condition of the C	DUE TO DUE TO DUE TO  RIBUTE TO CA	(OR AS A (OR AS A (OR AS A	CONSEQUE CONSEQUE CONSEQUE LA TOTAL POR LA TARRESTA DEL TARRESTA DE LA TARRESTA DE LA TARRESTA DEL TARRESTA DE LA TARRESTA DEL TARRESTA DE LA TARRESTA DE LA TARRESTA DE LA TARRESTA DE LA TARRESTA DEL TARRESTA DE LA T	ENCE OF):	the underly	ng cause given in Craft Artic UNCERTAIL	Part I.	24s. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list condition resulting in death)  Sequentielly list condition of the sequence o	ons, flete NG Pry Transcription of the Condition of the C	DUE TO OUE TO DUE TO A RIBUTE TO CA	(OR AS A (OR AS A deeth be	CONSEQUE CONSEQUE CONSEQUE LIT NOT real LIE LE LIE F DEATH	ENCE OF):  uiting in  YES  DF DEATH	the underly	ng cause given in Grouff  UNCERTAIL	Part I.	24s. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DECEDENT'S NAME (First, Middin, Last)			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente resulting in death) LAST  PART II. Other eignificated in the condition of	ons, flete NG Int condition  ELL SLUC  SE CONTR  MEDICAL  Pending	DUE TO  DUE TO  DUE TO  A CONTRIBUTE TO CA  HOSPITAL:  1 Mappatiant 2  28a. DATE OF	(OR AS A (OR AS A  (OR AS A  DEPLOYED INJURY)	CONSEQUE CONSEQUE CONSEQUE CONSEQUE F DEATH Conseque Cons	ENCE OF):  Uiting in  YES  OF DEATH  DOA  18b, TIME	the underly  The least one of the control of the co	ng cause given in  Craft  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequantielly list condition resulting in death)  Sequantielly list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurthat initiated evente resulting in deeth) LAST  PART II. Other eignificated in the condition of	ons, flete NG Part Condition Conditi	DUE TO DU	(OR AS A (OR AS A (OR AS A  DEPLOYED  INJURY  TO THE TO TH	CONSEQUE  CONSEQUE  CONSEQUE  LI NOT real  LI LI LI  F DEATH  28. PLACE (  atlent 3   2	ENCE OF):  Uiting in  YES  DE DEATH  DOA 4  186. TIME	the underly  The limit of the control of the contro	ng cause given in  Craft  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL	Part I.  8 Other 28d. DE	24a. WAS AN PERFOR 1 YES 2  PY (Specify)  SCRIBE HOW II	AUTOPSY IMED? NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO US  Sequentially list condition requiting in death)  Sequentially list condition of the cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause or injurt that initiated evente resulting in deeth) LAST  PART II. Other eignificant cause. Sequence of the cause of the	ons, flete NG Int condition  ELL SLUC  SE CONTR  MEDICAL  Pending investigation could not be	DUE TO DU	(OR AS A (OR AS A (OR AS A  DEPLOYED  INJURY  TO THE TO TH	CONSEQUE  CONSEQUE  CONSEQUE  LI NOT real  LI LI LI  F DEATH  28. PLACE (  atlent 3   2	ENCE OF):  Uiting in  YES  DE DEATH  DOA 4  186. TIME	the underly  The limit of the control of the contro	ng cause given in  Craft  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL	Part I.  8 Other 28d. DE	24a. WAS AN PERFOR 1 YES 2  PY (Specify)  SCRIBE HOW II	AUTOPSY IMED? NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurithat initiated evente resulting in deeth) LAST  PART II. Other eignificant  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural S F  2  Accident S G  3  Suicide S G  4  Homicide	ons, slete NG Pry SE CONTROL MEDICAL Pending Investigation Could not be lafarmined	DUE TO DU	(OR AS A (OR AS A (OR AS A  (OR AS A  DEPLOYED  INJURY  BY, Year)  F INJURY  BC. (Special	CONSEQUE  CONSEQUE  CONSEQUE  CONSEQUE  The property of the consequence of the consequenc	ENCE OF:	the underly    Molecular	ung cause given in  Groff  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL  UNCERTAIL	Part I.  S Other  28d. DE  28f. LOC	24s. WAS AN PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY IMED? NO NJURY OCCUI	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural S F  29a. CERTIFIER (Check only)	ons, slete NG Pry SE CONTROL OF MEDICAL Pending Investigation Could not be latarmined	DUE TO DUE TO DUE TO DUE TO  A CONTRIBUTE TO CA  HOSPITAL: DIAM: To the beat of	(OR AS A (OR AS A (OR AS A  (OR AS A  DEPLOYED  INJURY  BY, Year)  F INJURY  BY, Year)  Thy knowled  Thy knowled  The control of the control	CONSEQUE  CONSEQUE  CONSEQUE  CONSEQUE  The property of the consequence of the consequenc	ENCE OF):  ENCE OF):  Uiting in  YES  DF DEATH  DOA (18b. TIME INJUI	the underly    Molecular	ung cause given in  Groff  UNCERTAII  UNCERTAII  UNCERTAII  INCERTAII  INCERTAII  INCERTAII  INCERTAII  INCERTAII  INCERTAII	Part I.  S Other  28d. DE  28f. LOC	24s. WAS AN PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY IMED?  NO  NJURY OCCUP  and Number or	24b.  RED  Rural R.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentielly list condition resulting in death)  Sequentielly list condition of the cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter UNDERLY list cause. Enter list cause. Ent	ons, flete NG Int condition  Could not be latermined  FYING PHYSIC  CAL EXAMINE	DUE TO DUE TO DUE TO DUE TO  A CONTRIBUTE TO CA  HOSPITAL: DIAM: To the beat of	(OR AS A (OR AS A (OR AS A  (OR AS A  DEPLOYED  INJURY  BY, Year)  F INJURY  BY, Year)  Thy knowled  Thy knowled  The control of the control	CONSEQUE  CONSEQUE  CONSEQUE  CONSEQUE  The property of the consequence of the consequenc	ENCE OF):  ENCE OF):  Uiting in  YES  DF DEATH  DOA (18b. TIME INJUI	the underly    Molecular	ung cause given in  Graff  UNCERTAIL  UNCERT	Part I.  8 Other 28d. DE  28f. LOCCity to the castime, data	24s. WAS AN PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY IMED? NO NJURY OCCUI	24b.  RRED  Aural A	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1. STATE OF WARD LAND CERTIFICATE OF DEATH REGION REGION AND CERTIFICATE OF DEATH REGION REGION AND CERTIFICATE OF DEATH REGION REGION AND CERTIFICATE OF DEATH REGION REGION AND CERTIFICATE OF DEATH REGION REGION AND CERTIFICATE OF DEATH REGION REGION AS A CORRESPONDED REGION REGIO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
Sequantielly list condition resulting in death)  Sequantielly list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurt that initiated evente resulting in deeth) LAST  PART II. Other eignificated evente resulting in deeth) LAST  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural S F Accident In Secretary Secr	ons, liete NG  Int condition  Con	DUE TO DU	(OR AS A (OR AS A (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A	CONSEQUE CONSEQUE CONSEQUE CONSEQUE TO THE CONSEQUE CONSE	ENCE OF:  ENCE OF:  Uiting in  YES  OF DEATH  DOA  Reb. TIME INJUI  farm, str	the underly  NO Check only on  THER:  SHOWING MARKET SEC. IF  WAR 1  asi, fectory, of  at the time, da  In my opinion,	ung cause given in  Graff  UNCERTAIL  UNCERT	Part I.  8 Other 28d. DE  28f. LOCCity to the castime, data	24s. WAS AN PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY IMED? NO NJURY OCCUI	24b.  RRED  Aural A	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYHICAUSE (Disease or Injurthat initiated evente resulting in deeth) LAST  PART II. Other eignificant  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 PR  27. MANNER OF DEATH  1 Accident 1 S CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE.  30. NAME AND ADDRESS OF	ons, slete Side on the condition of the	DUE TO DU	(OR AS A (OR AS A (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A  (OR AS A	CONSEQUE  CONSEQUE  CONSEQUE  CONSEQUE  The property of the consequence of the consequenc	ENCE OF:  ENCE OF:  Uiting in  YES  OF DEATH  DOA (1)  (8b. TIME INJUI  occurred estigation,	the underly  NO (Check only on  THER: NO HOPE  Augustian  Augustia	uncertail  Uncertail	Part I.  S Other  28f. Loc  City  to the castime, data	24s. WAS AN PERFOR  1 YES 2  or (Specify)  SCRIBE HOW II  CATION (Street & or Town, State)  use(s) and mar	AUTOPSY IMED? NO NJURY OCCUP and Number or oner as stated, d due to the c	24b.  RED  Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYHICAUSE (Disease or injurithat initiated evente resulting in deeth) LAST  PART II. Other eignificant  DID TOBACCO US  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 F  27. MANNER OF DEATH  1 Netural 5 F  28. CERTIFIER (Check only one) 2 MEOIC  29a. CERTIFIER (Check only one) 2 MEOIC  29b. SIGNATURE AND TITLE	ons, slete No. on the condition of the c	DUE TO DU	(OR AS A (OR AS A (OR AS A  (OR AS A	CONSEQUE CONSEQUE CONSEQUE CONSEQUE CONSEQUE TO THE TOTAL THE TOTA	ENCE OF:  ENCE OF:  Uiting in  YES  OF DEATH  DOA (1)  (8b. TIME INJUI  occurred estigation,	the underly  NO (Check only on  THER: NO HOPE  Augustian  Augustia	uncertail  Uncertail	Part I.  S Other  28f. Loc  City  to the castime, data	24s. WAS AN PERFOR  1 YES 2  or (Specify)  SCRIBE HOW II  CATION (Street & or Town, State)  use(s) and mar	AUTOPSY IMED? NO NJURY OCCUP and Number or oner as stated, d due to the c	24b.  RED  Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

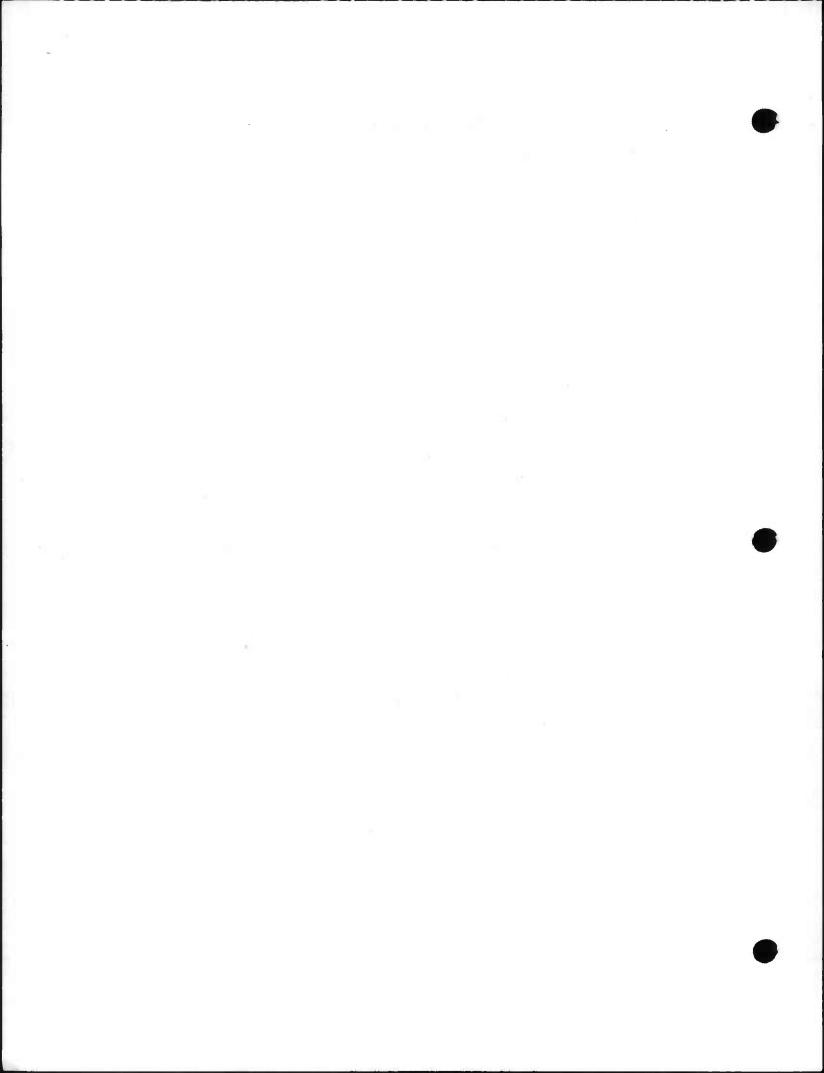
DF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
DIVISION OF VITAL RECOR	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health at

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  3 UANITA	MALEE		2. DATE OF DEATH DAY DAY 9	VEAR 1250 DM						
	4. SOCIAL SECURITY NUMBER  2/6 -/2 - 6 40 4 1 □ M  9e. FACILITY NAME (If not institution, give street end not	2 KF 79 VRS. IK	TUNDER 1 YEAR IF UNDER 24 HRS. WITHE DAYS HOURS MIN.	(Morth, Day, Year) 9-12-15	BIRTHPLACE (State or Foreign Country)  UNK  Y OF DEATH						
CTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY	Hospital	BATTIMO VE								
AL DIREC	Md.  10e. STREET AND NUMBER	13	ALTIMONE 101. ZIP CODE	10g. CITIZE	10d, INSIDE CITY LIMITS? 1 Ves 2 No N OF WHAT COUNTRY?						
FUNERAL	1 News Married 2 Married FORG	DECEDENT EVER IN U.S. ARMED	If yes, specify Cuban, Mexico		4. RACE — American Indian, Black, White, etc.						
TED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)		done during most of working	16b. KIND OF BUSINESS/INDUS	spoolly: White						
once.	Flamentary/Recondery (0.12) College (1.4 or 8.1) life. Do NOT use retired.)										
BE	UNK 190. INFORMANT'S NAME (Type/Print)	19b. MAILINO AE	- U	JK.  Route Number, City or Town, State, Zip C	ode)						
TO TO	Ruth Monroe	861 A	Park Ave BA	Timore und. Z	1201						
medical examiner must be	1 Dourtel 2 Cremetion 3 Removal from State Cometery, cremetory or other place)  Donatton 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  How I Provided the provided by the place of the place										
event, the medical	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fellure dist only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL	PART II. Other algnificant conditions contrib	uting to death but not resulting in	the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MM 1   Mage		26. PLACE OF DEATH (Ch								
BY PHY	5 Pending Investigation	DATE OF INJURY (Month, Day, Year)  28b. TIME C INJUR	PF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. DESCRIBE HOW INJURY OCCU	RED						
TED	4 Homicide determined	PLACE OF INJURY — At home, farm, stre- building, etc. (Specify)	et, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rurel Route Number,						
D BE COMPLE	one) 2 MEDICAL EXAMINER: On the	ne best of my knowledge, death occurred a beals of examination end/or investigation,									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLE	CG).	DOS	3 29d, DATE 5	BIONED (Month, Day, Year)						
	GRACIA V.	VATE: 4		Keo	C. 28 199 d.						
	NOV2 9 1994 Juli	REGISTRAR'S SIGNATURE									



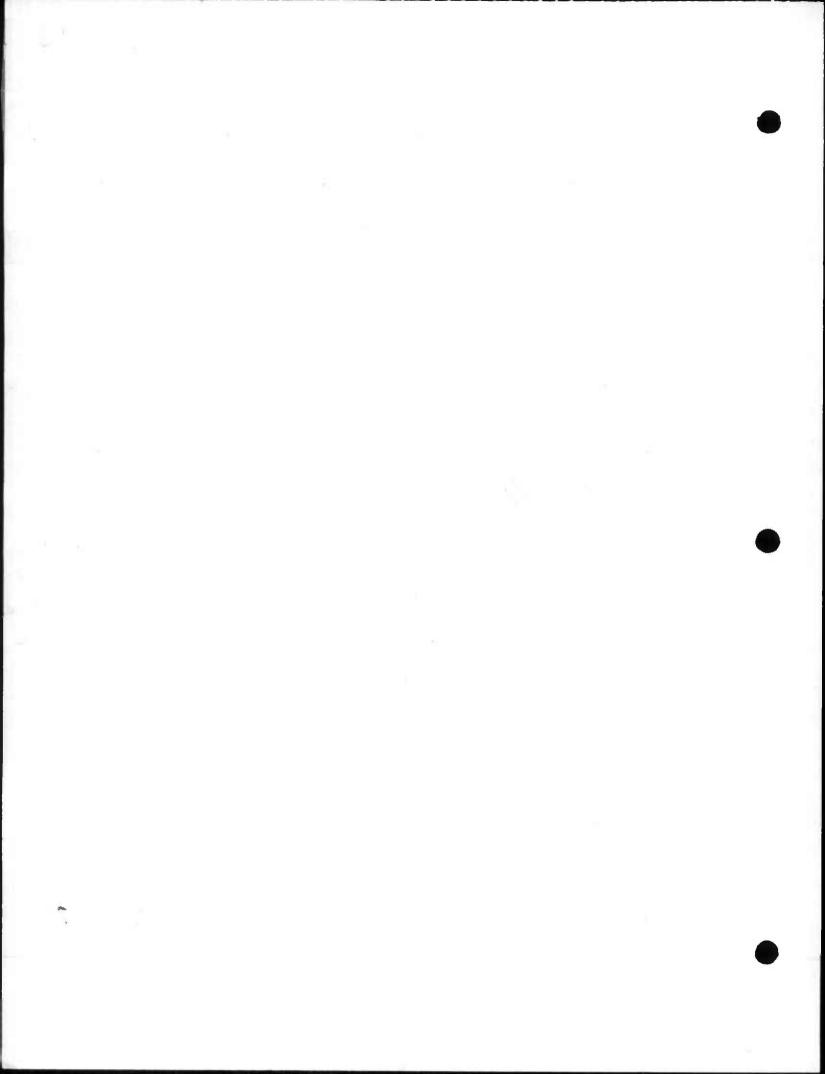
BALLIMONE, MANTLAND ZIZIS-0020	In law requires that the death certificate be executed within shows after death. Page 6 may be retained by the hospital or attending physician.	s cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Planes 1.2. 3 should	n, or removal.	e medical examiner must be notified at once.	
	TO THE HIGHWAY OF ATTENDING PHYSICAN. The law requires that the death certificate be executed with.	TO THE RINERAL DESCRIPE ARE THE CHARLESS BEEN SIGNED by the attending physician and completely fi	be fired with the normal after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (	F HEALTH AND	MENTAL	HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	1 M:	- 1. 9.00	11/		MONTH		γ ,	EAR :	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y		7, DATE 0	mber 2	~	94	10/PMM	
- 3	218-01-4165	1)XM2□F 82	YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	(Month)	. 2, 191	2 R	Country	LMORE, Md.	
	9a. FACILITY NAME (If not institution, give st		1 . 1	9b. CITY, TO	OWN OR LOCATION OF D	.2,101	9c. COUNTY OF DEATN				
OR	FAIISTON GENE	RAL HOSF	OITH!	FA	115TON		HARFORA				
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	OCATION				Τ,	IOd. INSIDE CITY	
DIA	Maryland Harfo	rd Jarr			tsville			LIMITS?			
₹ I	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	4054 Federal Hill				21084			U.			
B	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	It yo	B DECENDENT OF NISPA Da, apocity Cuban, Mexic YES 2 X NO Speci	an, Puerto R	? (Specify Yea licen, etc.)	or No — 14	Specify: Whi	- American Indian, White, etc. . te	
回	15. DECEDENT'S EOUC (Specify only highest grade		18a. DECEDENT'S (Give kind of	work done duri	IPATION ng most of working	16b.	KIND OF BUS	INESS/INOUS	TRY		
Ë	Elementary/Secondary (0-12) 8th.	College (1-4 or 5+)	Machini	se retired.)		l M	achine	7017			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Hachtin	.50	18. MOTHER'S NA		_				
BE C	Harry M. Miskimon	I			Lilly			ourname,			
10 B	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural						
-	Mrs. Henrietta C.				al Hill Rd						
	1 X Burial 2 Cremation 3 Remo		PLACE AND DATE		Grds. 11/	26/94	20c. LOC	Air, M		n, State	
ı	21, SIGNATURE OF FUNERAL SERVICE LICE		A a	22. NAI	ME ANO ADDRESS OF FA	ACILITY			<u>u.</u>		
	1 E. F.	Kannak	(n)	1	F. Lassahı 750 Belair				8.A -4	24007	
	23. PART I. Entar the diseeses, or c	omplications that caused List only one cause on e	tha daath. Do r	not antar the	mode of dying, aud	ch as cerdi	iac or respir	atory arrea	, 140 . t,	Approximate	
	IMMEDIATE CAUSE /Final	A			0 - 1	_	,			intarval Between Onset and Daeth	
	disease or condition resulting in death)	DUE TO (OR AS A	expire	tory	distress	Syp	ndro	me			
_		DIA CELLANIST	M A ZA	F1: ()		U				i l	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	L									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
										<u> </u>	
SAL	PART II. Other algnificant conditions	Contributing to deeth b	ut not resulting	In tha unda	rlying cause givan in	Part I.	24a. WAS AN A PERFORE		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
	Moderning	al de la la	10 111	000-4	4		1 TYES 2	No	0	OMPLETION OF CAUSE OF DEATN?	
Σ	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S 🗆 NO	UNCERTAI	N X			1	YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	N (Check only							
XS.	1 TES 2 NO	Inpatient 2 - ER/Outp		7	Nome 5 - Residence	8 Other	(Specify)				
ВУ РН	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	WORK?	28d. OE\$(	CRIBE NOW IN	JURY OCCUP	RED		
ا ۵	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, tarm, s	street, factory,	office		TION (Street ar r Town, State)	nd Number or	Rural Rou	rte Number,	
COMPLETE	and a	CIAN: To the best of my knowl								ind manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	/ /			29c. LICENSE NU	MBER		29d. DATE S	IGNED (A	fonth, Day, Year)	
면 일	Hory Sun	Elm Mil	D37364 11/23/84						34		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Alse	Print)	n, MD						
	NOV 2 9 1994	32 REGISTRAR'S CON.	Hall								
										OHMH-16 Ray 1/89	

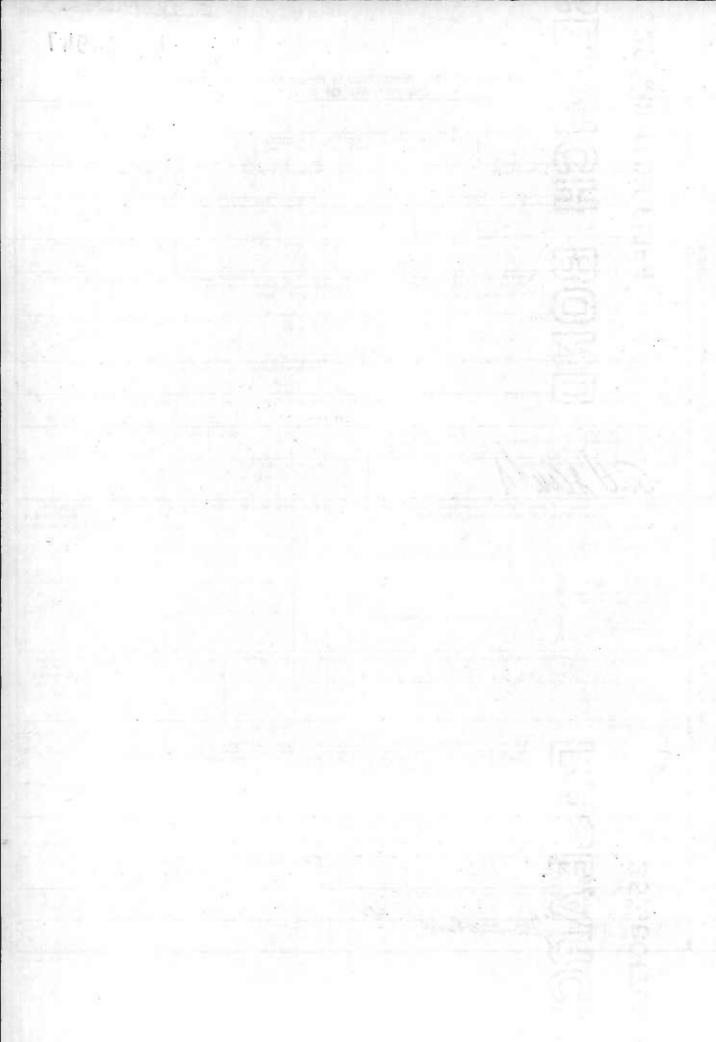


-	
-	
0	
9	
~	
687	
10	
ВОХ	
0	
0	
<b>CO</b>	
0	
0	
σ.	
-	
S	
0	
=	
RECORDS	
$\mathcal{L}$	
O	
DIL	
=	
TAL	
-4	
$\triangleleft$	
-	
_	
>	
LL.	
0	
OF VI	
~	
_	
0	
=	
IVISION	
>	
$\circ$	
_	

1		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) Ronn	ine Nic	ely				5 %	3. TIME OF OEATH 4:30 AM			
		4. SOCIAL SECURITY NUMBER 5		yrs. feet birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	Jan. 19,	1941	Wirginia			
2. 3 should	OR	9e. FACILITY NAME (If not institution, give stree Greater Laurel		e Hosp	96. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNTY Princ	of DEATH e George			
Pages 1.	DIRECTOR	100. STATE 10b. COUNTY Anne	Arundel		y, town on Locat arel	TION			10d. INSIDE CITY LIMITS? 1 VES 2 X NO			
nsit permit.	ERAL	100. STREET AND NUMBER Rte. 198, Lot #	5, Welche	s Trail	ler Pk.	ZIP CODE		OF WHAT COUNTRY?				
-0020 ling physician. the burial-transit	BY FUNER	11. MARITAL STATUS  1 ☐ Never Merried 2 ☑ Merried  3 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IC ORIGIN? (Specify Ye n, Puerto Ricen, etc.)	e or No— 14.	RACE — American Indian, Black, White, atc. Specify: White			
21215-0020 ital or attending physic of for use as the burial	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)		(Give kind of life, Do NOT u.	usual occupation work done during mose retired.)	st of working	16b. KIND OF BU	siness/indust				
MARYLAND : retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)  Ira Nicely		Crane	Operac	16. MOTHER'S NAI	ME (First, Middle, Maider	Sumame)				
	TO BE	19a. INFORMANT'S NAME (Type/Print) Ina R. Nicely					Noute Number, City or Tox	vn, State, Zip Goo				
ALTIMORE, death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Late										
9 = 0		21. SIGNATURE OF FUNDENCE OCCURSEE  22. NAME AND ACCRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 2										
hours aft ed in by or remo		23. PART I. Enter the disease, or con shock, or head failure. Lis IMMEDIATE CAUSE (Final	t only one cause on ea	ch lina.					interval Between			
68760, ecuted within 24 and completely fill burial. cremation.		disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	arn F):	Los D	7 2.00		10 vaio			
OX OX Sician a rior to	ATION	immediate cause (Final disease or condition resulting in death)  a. Cavalac avvest  Due to (or as a consequence of):  Covonary avvery disease  If sny, leading to immediate cause. Enter Undertaining CAUSE (Disease or injury that initiated events resulting in death) LAST.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
P.O. h certifin anding p Hygien or othe	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS) CONSEQUENCE OF):  A										
RECORDS, F requires that the deatt been signed by the atte of Health and Mental shows any Injury, of	EDICAL C	PART II. Other significant conditions of	contributing to death bu	ut not resulting	in the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Σ	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH YI	ES 🗌 NO 🗆	] UNCERTAIN			1 TES 2 NO			
TA The The The The The The The The The The	PHYSICIAN:		IOSPITAL:		TH (Check only one) OTHER: 4  Nursing Hom	e 5 🗆 Residence	. 1					
OF PHYSIC this cer with th	ВУ РН	27. MANNER OF DEATH  1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
TTEND TTOR: A after d	ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci		street, fectory, offic	•	281. LOCATION (Street City or Town, Stete		tural Route Number,			
로 보었는	COMPL	anal and	IN: To the beat of my knowledge.  On the basis of examination						suse(e) end menner es stated.			
TO THE HOSPIT TO THE FUNER De filed within	TO BE (	296. SIGNATURE AND TITLE OF CHYPTER	9. MM	1	25	D39	532	D //	GNED (Month, Day Year)			
		30. NAME AND ADDRESS OF PERSON WHO O	32. REGISTRAR'S SIGN	P 32	Print)	e GIN	ge st L	aurel.	MD 20707			
		NOV2 9 1994 July	Davelsor Rand	114		'	•					



	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	Ю.			
	1. DECEDENT'S NAME (First, Middle, Last)	NEWSOM				2. DATE OF DEATH		YEAR 94	3. TIME OF DEATH 2240	
	4. SOCIAL SECURITY NUMBER 578 18 8246	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 23	6.	. BIRTHP Country	PLACE (State or Forei	
TOR	9e. FACILITY NAME (If not institution, give s  Anne Arundel  RESIDENCE OF DECEDENT		enter	Annar	OR LOCATION OF DEA	ГН	9c. COUNT		unde?	
DIRECTO	MD 106. COUNTY Anne	Arundel		TOWN OR LOCA				10d. INSIDE CITY LIMITS? YES 2 N		
FUNERAL	10e. STREET AND NUMBER 2108 Chesapea	ke Harbor	Drive	10	21403			SA	HAT COUNTRY?	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	Decify Cuban, Maxican, S 2 DMD Specify:	ORIGIN? (Specify Puerto Rican, etc.)	4. RACE Black, Specify	American Indian White, atc.		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S to (Give kind of we life. Do NOT use Housew	ork done during m retired.)	ON ost of working	166. KIND OF BUSINESS/INDUSTRY HOme				
SE COMPL	17. FATHER'S NAME (First, Middle, Last) Emil Visek									
TO B	190. INFORMANT'S NAME (Type/Print)  Karla S. Newso	om			and Number or Rural Ro.	Warren	ton, v	VA	22786	
	20e. METHOD OF DISPOSITION 1	Metro Crematory 11/29 Baltimore,								
	21. SIGNATURE OF THINKING SERVICE LA	CENSEE		Hard	nd address of facil lesty Fur lidgely A	neral H	ome, I	P.A	MD 214	
	23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final	complicatione that cause List only one cause on a	d the death. Do no	ot enter the me	ode of dying, such	es cerdiac or res	spiratory arree	et,	Approxima	
	disease or condition reaulting in death)	a. Septic	LMICA A CONSEQUENCE OF	):					Onset and	
ERTIFICATION		bDUE TO (OR AS a	A CONSEQUENCE OF	):					Onset and	
MEDICAL CERTIFICATION	reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	b	A CONSEQUENCE OF	): n tha underlyin	ng cause given in P	PERF	AN AUTOPSY FORMED? 2 NO		Onset and 48 h	
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initieted events resulting in deeth) LAST  PART II. Other significant condition  White Cause of the condition of the cause of t	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF	the underlyin  Aucl  26. P	LACE OF DEATH (Chec	PERF 1 YES	ORMED?		Onset and  48 h  WERE AUTOPSY FIN AMAILABLE PRIOR DE COMPLETION DE CO	
PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF	26. P  OTHER: 4   Nursing Hor  OF 28c. IN  WW	LACE OF DEATH (Chec	PERF 1 YES	ORMED?		Onset and  48 h  WERE AUTOPSY FIN AMAILABLE PRIOR DE COMPLETION DE CO	
TED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d  A CONTributing to deeth !  HOSPITAL:  12 inputient 2 = ER/Out	A CONSEQUENCE OF	26. POTHER: OF 28c. IN WITH M 1	PLACE OF DEATH (Checome 5   Residence 6 JURY AT ORK? YES 2   NO	PERF 1 YES  k only one)	2 NO NO NINJURY OCCU	RED	Onset and  48 h  WERE AUTOPSY FIN  MAILABLE PRIOR IT  COMPLETION DF CO  OF DEATH?  1 YES 2 N	
D BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  EXAMINER?  1 Natural 2 Neoding 1 Natural 2 Neoding Investigation 3 Suicide 4 Monicide 1 Neoding Investigation 3 Suicide 6 Could not be determined 1 Creek only 1 CERTIFYING PHYSIC	DUE TO (OR AS  DUE TO (OR AS  d  DUE TO (OR AS  d  HOSPITAL:  1 Input ent 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	A CONSEQUENCE OF Dut not resulting In DOA 28b. Time INJU	28. P  OTHER: 4   Nursing Hor OF 28c. NW 1	LACE OF DEATH (Checome 5 Residence 6 JURY AT ORK? YES 2 NO	PERF 1 YES  Nonly one)  Other (Specify) 28d, DESCRIBE HON City or Town, Ste the cause(s) end r	NO NO NO NO NO NO NO NO NO NO NO NO NO N	RED	1 YES 2 N	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wount after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ш			=
	ш	73	ac.
HOS	FUN	WITH	TAN
PITA	ERAL	in 72	H :
IL 06	L Dif	Pour	=
ATT Y	<b>JECTL</b>	irs af	TH 2
END	JR: A	ter d	90
ING F	\fler	eath	E
SHYS	this c	with	Ked,
CIAN	ertific	the \$	6
The	ate	tate	tem.
₩.	as b	Dept.	23
requi	een s	P H	shov
ires t	signer	lealth	55
hat th	d by	and	1
he de	the a	Mem	- Jan
ath c	ttend	tal Hy	10
ertific	d bu	giene	#
cate t	hysici	e prio	or tra
De exe	an ar	r 10 t	иша
ecuter	OD PL	burial	ulic e
1 with	mplet	Crem	rvent
- UII	ely fill	nation	, the
JING N	E 99	, Of f	H
s afte	by th	<b>В</b> ПОV	dical
deat	e fun	78	exar
h. Pa	eral d		nine
9 96	irecto		E
may	k, pag		st b
be ret	16 5 8		ou a
ained	houle		Hed
by th	2		H
of a	Setac		mce.
spital	od fo		
9. at	N USe		
tendir	as th		
Ad Di	he bu		
S	J.		

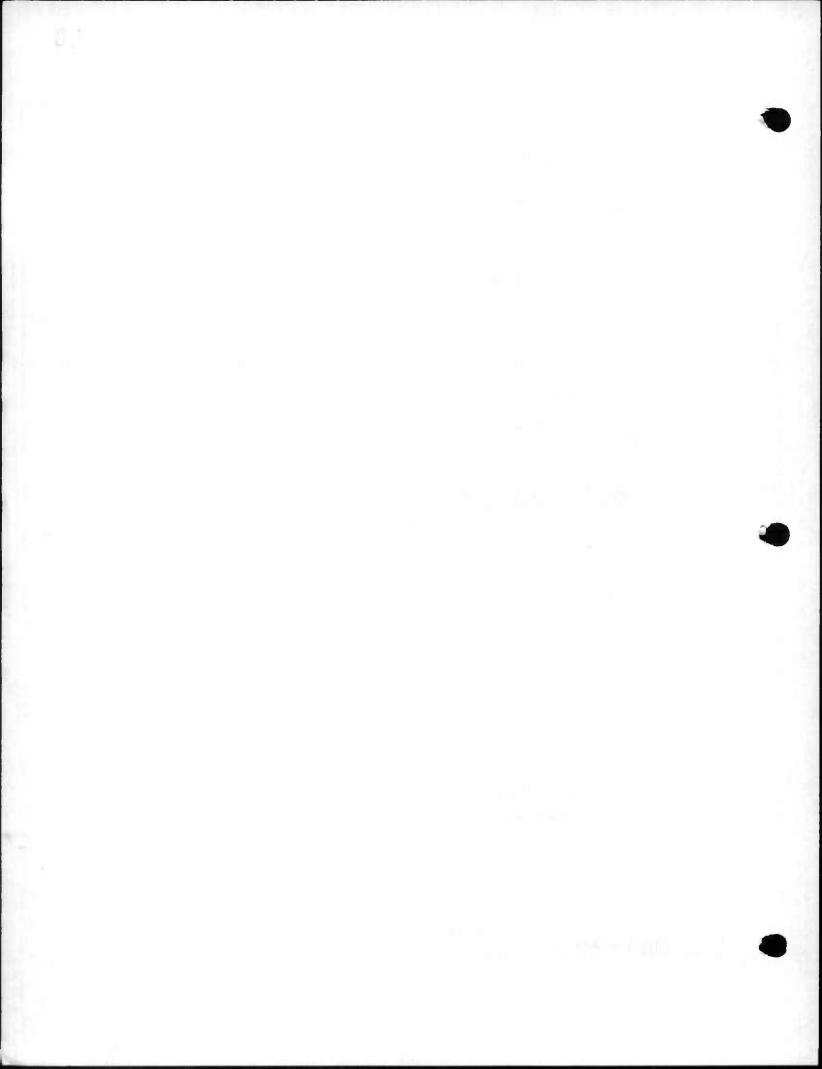
											2	è c	) "	
1 - FOR STATE REGIST	TRAR	STATE OF I	MARYLAND (	/ DEPAR	ICAT	T OF H	EALTH DEAT	AND TH	MENTAL	HYGIEN REG. NO				
1. DECEDENT	Tighi Ndef	'ru								ber 2	5 19	94 <sup>EAR</sup>	3. TIME OF DEA 7:00	лтн а м
4. SOCIAL SE	CURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE 0 (Month, 11/2	F BIRTH	6. BIRTHPLACE (State or Foreign Country) Maryland			Foreign
	NAME (If not institution, give see Baltimor		1 Cente	er	96. CITY, TOWN OR LOCATION OF GEATH TOWSON					9c. COUNTY OF CEATH Baltimore				
Great RESIDENT 10a. STATE	10b. COUNT	imore				1 22 1						10d. INSIDE CIT LIMITS? 1 YES 2		
10e. STREET	AND NUMBER Mary Ridge D	rive				101. ZIP COOE 109. CITIZEN OF WHAT CO								
3 🗆 Widowe	STATUS Parried 2 Married d 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	NT EVER IN U.S. I YES 2 MAR OR DATES	ARMED	13.		city Cuba	n, Mexica	en, Puerto R	(Specify Yellicen, atc.)	or No—	14. RACE Black Speci	E — American Ind k, White, atc.	lan,
Elementar 17. FATHER'S	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)						N st of workin	g	16b.	KIND OF BU	SINESS/INC	DUSTRY		
Mari	NAME (First, Middle, Last)							IER'S NA		iddle, Maiden				
G.E	NT'S NAME (Type/Print)				NO	RTH	CHA		S ST	· TO	WSON	, MD		4.
4 Donatio	G.B.M.C. PATHOLOGY  6701 NORTH CHARLES ST. TOWSON, MD. 21204.  20e. METHOD OF DISPOSITION 1   Burlai 2 A Cremetton 3   Removal from State 4   Donation 6   Other (Specify)   GREEN MOUNT CREMATORY 11/94 BALTO., MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO, MD. 21212.														
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final											Approximinterval E Onset sn 1 hr	d Death		
resoluting in death)														
	her significant condition	ot resulting	ing in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 X YES 2 NO					b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 \( \sum \) NO						
EXAMINE	REFERRED TO MEDICAL R?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	A:			eck only one					
27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESC							CRIBE HOW I							
3 Sulct 4 Homi 29a. CERTIFIE (Check on one)	cide determined	building,	, etc. (Specify)						City o	Town, State)			Route Number,	
(Check on one)	2 MEDICAL EXAMINE	R: On the basis of s				the time, date and place, and due to the cause(a) and manner as stated.  my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER  29c. LICENSE NUMBER								
	296. SIGNATURE AND AUTIE OF CERVICIEN  296. LICENSE NUMBER  D00875  296. LICENSE NUMBER  D00875  ≥ 11/25/94													

- GBMC 6701 N Charles Street; Towson Maryland 21204

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Rudiger Breitenecker, 31. DATE FILED (Month, Day, Your)
NOV 2 9 1994 July 32



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

FOR

		REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.					
	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)	Stewa	act C	•	2. DATE OF DEATH	YEAR 3. TIME OF GEATH				
Pages 1, 2, 3 should		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. last birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	a. BIRTHPLACE (State or Foreign Country)				
		96. FACILITY NAME (If not institution, give street and number)  37/8 Ec LOMBARD STREET BATTIMORE  PRESIDENCE OF DECEDENT  96. COUNTY OF DEATH  96. COUNTY OF DEATH									
		10e. STATE 10b. COUNT	Y	10c. CITY, TOWN	OR LOCATION /	_	10d. INSIDE CITY				
.E.		19 ARY/AND			BALTIMOR	2	1 VES 2 NO				
physician. burial-transit permit.		0.740	MBARD.	Street	101. ZIP CODE 2/23	24 6	EN OF WHAT COUNTRY?				
al or attending for use as the		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, OIVE WAR OR D.	2 NO	I. WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexico 1 YES 2 10 Specifi	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White				
		15. DECEDENT'S EDU (Specify only highest grade	CATION	18e, DECEDENT'S USUAL	OCCUPATION e during most of working	16b. KIND OF BUSINESS/INDU	STRY				
		Elementary/Secondary (0-12)	College (1-4 or 5+)	STATIONA		STATIONARY	ENgiNCER				
by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last)			/ 1/	ME (First, Middle, Maiden Sumame)	2 MOTTING				
ald be			tewart.	O'Neil	M	exie Al	hers				
e 6 may be retained ector, page 5 should must be notified		190. INFORMANT'S NAME (Type/Print)  MARIAN	O' Neil	37/	SS (Street and Number or Rural  E o Lo.	Route Number, City or Town, State, Zip (	BA1+0 M. Q.				
		20e. METHOD OF DISPOSITION  1  Burlel 2 M Cremitton 3 Rem  4 Donation 5 Other (Specify)	oval from State cen	D. PLACE AND DATE OF DISPE petery, Chematory or other place DREEN WOUN	9) 0	DATE 20c. LOCATION - CO	ty or Town, State MARY/AND				
Pag G		21. SIGNATURE OF MONEYAL BERVICE LA	SENSUE /		. NAME AND ADDRESS OF FA		To France Home				
. e - e		y aparly	1-San	nex	Joseph N. 263 5. Co.	UKITAGO S+ RA	160 Ml 21224				
ours after d d in by the or removal.		23. PART i. Enter the diseases	mplications that caused	d the death. Do not ent	er tha mode of dying, suc	h as cardiac or respiratory arre					
rted within criticurs completely filled in ial, cremation, or re event, the med		shock, or heer tailire. List only one cause on eech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
sician and comp nor to burial, cr traumatic eve	RTIFICATION	Sequentially liet conditions, if any, leading to immediate	b. Coronas A	m ARY	exy Dise	ase	4				
	CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	/							
	E	thet initiated evente resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):							
= = =	E E		d								
at the dea by the att and Menta y injury.	CAL	PART ii. Other significent condition	is contributing to deeth b	out not resulting in the	inderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
res that igned by ealth an	EDIC					1 🗆 YES 2 🖼 🕅 O	OF DEATH?				
PHYSICIAN: The law requires this certificate has been sign with the State Dept. of Heal red, or item 23 shows	2	DID TOBACCO USE CONT	DIRLITE TO CAUSE O	NE DEATH VEC TO	NO THINCEPTAIN		1 Tes 2 No				
he law has t Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chec							
SICIAN: The certificate h the State d, or item	Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	petient 3 DOA 4 N	R; ursing Home 5 Residence	8 Other (Specify)					
this cert with the	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	JRED				
NG PHYS fter this cleath with marked	ВУ	1 Pending 2 Accident Investigation		М	1 YES 2 NO						
L OR ATTENDING P DIRECTOR: After to hours after death v item 28 is mari	ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	/ — At home, lerm, street, fa cify)	ctory, office	28f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,				
L DIRECT POURS	4	29e. CERTIFIER (Check only)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated.									
HOSPITAL FUNERAL WITHIN 72 P	COM	one) 2 MEDICAL EXAMINE	R: On the beele of exemination	n end/or investigation, in my	opinion, death occured at the	time, date end place, end due to the	ceuse(e) end menner ee stated.				
불물질	BE	29b. SIGNATURE AND TITLE OF GERTIFIE	io del	>	29c. LICENSE NUI	WBER 29d. DATE	SIGNED (Month, Day Year)				
2 2 3 2	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)		7					
メン		31. DATE FILED (Month, Dat)	22. REGISTRAR'S SIGN	ATURE	assador	Ka Kakor	M21907				
		NOW 2 9 1994 Jul	in Davolson Rando								

2, = .

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEM: 1. PER F.H. FILM G-717 11/29/94 t.t.

FILM G-717 11/29/94 t.t

1 - STATE REGISTRAR	STATE OF MA				F DEAT		WENTAL TITU REG.											
1. DECEDENT'S NAME (First, Middle, Last)  ALTON RAY OXENDINE  2. DATE OF DEATH  NOV. 24 DAY 1994 T 2:44																		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last I		UNDER I YEAR		24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign									
214-86-1266	1 M 2 □ F	29		NTHS DAYS		MIN.	(Month, Day, Ye, Oct. 6,	ur)	Maryland									
9a. FACILITY NAME (If not institution, giv	e street and number)		9t	a. CITY, TOW	N OR LOCATIO	ON OF OE												
715 S.HIGHLAND AVENUE (REAR) BALTIMORE CITY																		
10a. STATE 10b. COU	NTY		10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY									
Maryland			Ba1t	imore					1 X YES 2 NO									
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?									
922 S. Bouldin S				21224					USA									
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TNO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify yes, specify Cuban, Mexican, Puarto Rican, a  1 ☐ YES 2 ☒ NO Specify:				Black, White, atc.  Specify:										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KINO OF BUSINESS/INDUSTRY																		
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of work Oo NOT use re	done during	most of working	g												
Rcd Buster Steel																		
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)																		
Wellter Lock  19a. INFORMANT'S NAME (Type/Print)	lear Jr.	195	MAIL INC. AD	DDESS (Stm		gie	Number, City o	Oxendi										
Margie Oxendine																		
20s. METHOD OF DISPOSITION  1 DATE  20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place)  20c. LOCATION — City or Town, State																		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERV/CE	LICENSEE	loak La	wn Ce			S OF FAC												
22. NAME AND ADDRESS OF FACILITY Da Vid J. Weber Funeral Home 21231 401 S. Chester Street Baltimore, Maryland																		
23. PART I. Enter the diseases/d ahock, or heart fellur	r complicetione that c	eused the deel	th. Do not	enter the r	node of dyle	ng, sucl	ee cerdlec pr	espiratory erre	est, Approximate Interval Between									
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ALCOHOL,	COCAINE AN	ND NARC	OTIC I	NTOXICA	TION			Onset and Death									
	DUE TO (O	R AS A CONSEOU	JENCE OF):															
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):																	
CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A CONSEQUENCE OF):																	
resuming in deeth) EAST	d							resulting in deeth) LAST										
PART II. Other significant conditi	ons contributing to de	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS																
PERFORMED? AMAILABLE PRIOR TO COMPRETION OF CAUSE																		
		setti DUL HOL FE	suiting in t	he underly	ing cause g	ifven In	PE	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?									
						iven in	PE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
DID TOBACCO USE CON	ITRIBUTE TO CAU	se of Deati	H YES	□ NO	□ UNC	ertain	I YE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	SE OF DEATI	H YES	□ NO Check only on	UNC	ERTAIN	PE 1 YE	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?									
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1   Inpatiant 2   E	SE OF DEATI 26. PLACE	H YES  OF DEATH (  DOA 4 [  28b. TIME O	□ NO Check only or THER: □ Nursing H	UNC	ERTAIN	I YE	S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetlant 2   E  28a. DATE OF IN. (Month, Day,	SE OF DEATI 26. PLACE (R/Outpetlant 3 URIY Year)	OF DEATH (	NO Check only or THER: Nursing H	UNC	ERTAIN	PE 1 VE	S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpatiant 2   E  28a. DATE OF IN. (Month, Day. FOUND 11/	SE OF DEATI 26. PLACE  R/Outpetient 3  JURY  Year)  /2 4 / 94  / NJURY — At home.  2. (Specify)	H YES  OF DEATH (  DOA 4 [  DOA 4 [  OF OUT   10    OF OUT   10	Check only or THER: Nursing H  F 28c. I  M 1	UNC	ERTAIN	8 Rother (Specify) 28d. DESCRIBE H UNKNOV 28f. LOCATION (SI City or Town, S	A I I F V W INJURY OCCI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  URED									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident survestigation 3 Suicide 8XX Could not be determined	HOSPITAL: 1   Inpetiant 2   E 28a. DATE OF IN. (Month. Dey. FOUND 11/ 28a. PLACE OF II building, etc.	SE OF DEATI 26. PLACE R/Outpetient 3 D JURY Year) 24/94  NJURY — At home: . (Specify)	H YES  OF DEATH (  DOA 41  28b. TIME OF  OUTNOURY 7:44 A  e, tarm, strass  EAR OF	NO Check only or THER: Nursing H F 28c. I M 1  H HOUSE	UNC  Ome 5 Res  Myork7  YES XX	ERTAIN aldence	8 Cother (Specify) 28d. DESCRIBE H  UNKNOV 28f. LOCATION (St. City or Town, 5 715 S. HIG	ALLEY W INJURY OCCI IN Total and Number of tate) HLAND AVE	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 X Could not be determined  29e. CERTIFIER (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:  1   Inpatiant 2   E  28a. DATE OF IN. (Month, Day. FOUND 11/ 28a. PLACE OF II building, etc.  YSICIAN: To the best of my NER: On the best of axan	SE OF DEATI  26. PLACE  R/Outpetlant 3  JURY Year)  724/94  NJURY — At home c. (Specify)  RE	H YES  OF DEATH (1)  DOOA 4 1  28b. TIME OF OF ONE OF OF OF OF OF OF OF OF OF OF OF OF OF	NO Check only or THER: Nursing H  F M 1 C at, factory, of	UNC TO UN	ERTAIN aldence	8 Scother (Specify) 28d. DESCRIBE H  UNKNOW 28f. LOCATION (St City or Fown. S 715 S. HIG	ALLEY W INJURY OCCI IN Total and Number of tatele) HLAND AVE	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8XX Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHT	HOSPITAL:  1   Inpatiant 2   E  28a. DATE OF IN. (Month, Day. FOUND 11/ 28a. PLACE OF II building, etc.  YSICIAN: To the best of my NER: On the best of axan	SE OF DEATI  26. PLACE  R/Outpetlant 3  JURY Year)  724/94  NJURY — At home c. (Specify)  RE	H YES  OF DEATH (1)  DOOA 4 1  28b. TIME OF OF ONE OF OF OF OF OF OF OF OF OF OF OF OF OF	NO Check only or THER: Nursing H  F M 1 C at, factory, of	UNC TO UN	ERTAIN  aldence  NO  and dua ad at the	8 ROther (Specify) 28d. DESCRIBE H  UNKNOW 28f. LOCATION (St City or Town, S 715 S. H IG 10 the cause(e) and	ALLEY W INJURY OCCI IN Total and Number of tale) HLAND AVI manner as state a, and dua to the	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,  d. cause(s) and manner as stated.  SIGNED (Month, Day, Year)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 8 X Could not be determined  29a. CERTIFIER (Check only one)  27. MEDICAL EXAMINER AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER	HOSPITAL:  1   Inpetiant 2   E  28a. DATE OF IN. (Month. Day, FOUND 11/ 28a. PLACE OF II building, etc.  YSICIAN: To the best of my INER: On the best of axan	SE OF DEATI 26. PLACE R/Outpetient 3 USTY 19991 1994 24/94 RE y knowledge, daett ninetion and/or inv	H YES OF DEATH (0) DOA 4 1 286. TIME OF OUT NOUTH A 286. TIME OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OUT NOUTH A 286. TIME OF OUT NOUTH A 286. TIME OUT	NO Check only or THER: Numing H  Pulling H  att, factory, of HOUSE  It the time, di  n my opinion	UNC ome 5 Real INJURY AT WORK7 YES XX Mice sta and place, o, death occurre 29c. LICE O . C	ERTAIN aldence NO and dua and st the	8 Gother (Specify) 28d. DESCRIBE H  UNKNOV  28f. LOCATION (St. City or Town, S. 715 S. HIG  10 the cause(a) and lime, data and place  IBER  E.	ALLEY  NO INJURY OCCI  WINJURY OCCI  WINJURY OCCI  WANTER  TOTAL AND AVE  TOTAL A	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  d. cause(s) and manner as stated.									

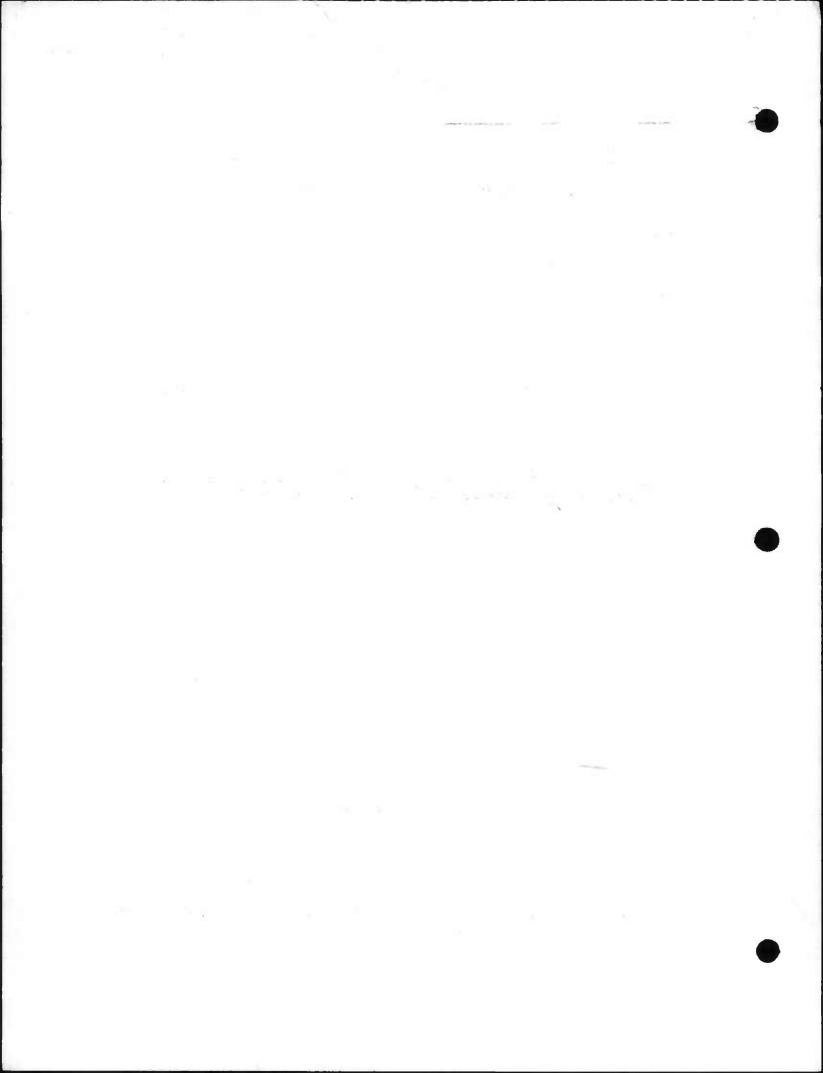
DING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT LIBER

TO THE HOSPITAL
TO THE EUNERAL
De filed within 72

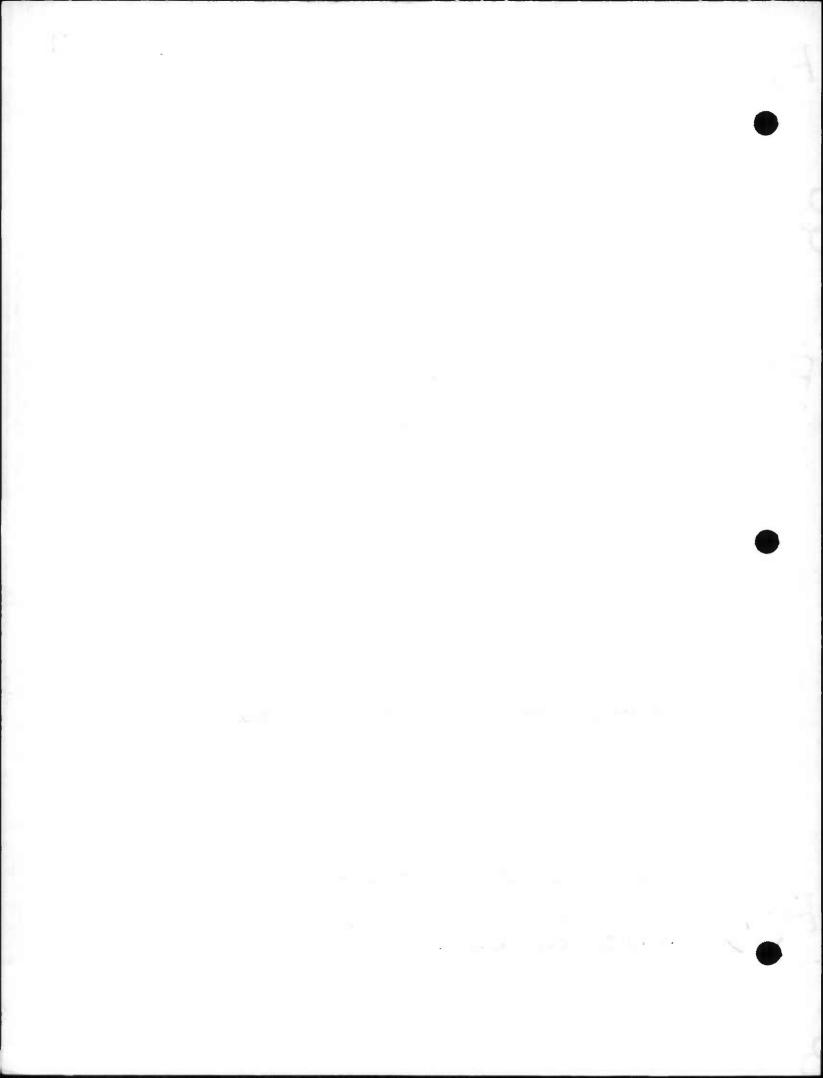


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ú	y be	заде	9
BALLIMONE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within alours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
É	age	direc	er n
	ath.	neral	min
2	r de	le to	exa
4	s afte	by th	dicai
_	JOH.	ed in	E
	2	ly fill	the
5	with	crem	rent,
5	uted	mial,	6 9
2	ехес	to bu	mat
5	te be	siciar	trau
	tifica	g phy	ther
	h cer	Hyd	0 0
2	deat	e afte	ury,
2	t the	by th	E
5	s tha	ned ifth a	an
י נ	quire	n sig	10WS
-	W re	bee	3 8
(	The la	e has	m 2
	AN: 1	ificat Sta	r He
-	SICI	th the	d, o
,	H S	r this	arke
5	NIG	: Afte	E
2	ATTE	after	28
DIVISION OF VITAL DECONDS, F.O. BOA 007 00,	OR )	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	tem
	TAL	PAL 2	=
	HOSF	FUNE	MA
	H	THE	PORT
+40	2	2 3	E

	pino		
	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	1. 2		
	Pages		
	ij.		
	it per		
Harl.	-trans		
JII SH	burtal		
Di HO	the		
Alle	Se as		
5	for u		
iospil	ched		6
9	deta		OBC
20 10	od bu		E pu
210	shoi		Offiffi
3	age		he n
0 1114	tor, p		1sm
añe	direc		A 76
dill.	uneral		amin
100	the fu	wal.	I AY
12 0	in by	гет	adic;
5	Filled	M, OF	8
2401	stely !	matic	41 14
20 14	отр	II, cre	AVA
Yernin	and c	bunia	affe
2	Ician	rior to	TAUR
וורפוב	phys	one pi	her
100	nding	Hygie	or of
near	e atte	ental	M
21 1112	Dy th	and N	ini v
200	gned	alth	200
	en si	of He	how
of Principality, the law requires that the beautiful by executed within the law death, raye of that be retained by the	as be	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	naried or item 23 shows any injury or other traumatic event the medical examiner must be notities
	ate h	state l	tem
200	ertific	the S	or
200	this c	with	rhead
2	6	att.	Eu

	1 - STATE OF MARYLANI REGISTRAR	D / DEPARTM			MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	OLITINI IO	AIL OI	DEATH	2. DATE OF OEA	TH		3. TIME OF OEATH		
	Joan L. Phelps				November	22. 1	994	10:50 P *		
		MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	н		HPLACE (State or Foreign		
	220-36-1725 ¹□м²¼F 56	YRS.	-//	1997	September	26,1938	Ma	arvland		
œ	9s. FACILITY NAME (If not institution, give street and number)	96		R LOCATION OF O	EATH	9c. COL	INTY OF E	DEATH		
5	St. Agnes Hospital		Balt	imore						
DIRECTOR	10a. STATE 10b. COUNTY		OWN OR LOCATI	ON				10d. INSIDE CITY LIMITS?		
ō	Md.	Balt:	imore					1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?		
NE.	2717 Wilkens Ave.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	ADMED	10 100 050	21223			US			
	1 Never Married 2 X Married FORCES? 1 YES 2	<b>∑</b> NO	If yes, spe	cify Cuban, Mexico	NIC ORIGIN? (Speci an, Puerto Rican, et h.:		Blac	E — American Indian, ik, Whita, etc.		
ВУ	3 Wildowed 4 Divorced		1 1 123	2 NO Specif	y:		Spec	White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a	Give kind of work	done during mas	N t of working	16b. KIND O	F BUSINESS/IN	DUSTRY			
1	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use re								
NO.	17. FATHER'S NAME (First, Middle, Last)	Housewit	re	18 MOTHER'S NA	OWN H					
Ö	Peter Holzinger				a Swan	aroen someme)				
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street an		Route Number, City of	or Town, State, Zi	p Code)	-		
5	Alvin Phelps	2717 Wi	ilkens	Ave., Ba	alto., Mo	d. 212	223			
	1A VBurtal 2 Cremetion 3 Removal from State	CEAND DATE OF D	ISPOSITION (Nar	ne of	DATE 20	c. LOCATION -	City or To			
	4 Donetion 5 Other (Specify) Mes	dowridge	e Memor	ial Par	k 11/28	Elkrid	ge,	Md.		
	37. SIGNATURE OF THE SERVICE LICENSEE			Kaufma		1 Home	of	Elk., Inc.		
	Lary d. Loulm	Cla m	5695 Ma	ain St	Flkrida	e Md	21			
	23. PART I. Entar the diseases, or complications that caused the shock, or heart failure. List only one cause on each	death. Do not	anter tha mod	la of dying, suc	th as cardiac or	respiratory as	rest,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition							Onset and Dasth		
	resulting in dasth) a. Sepsis	NEEDLIENCE OD.	E OED-					3 wks.		
_	DUE TO (OR AS A CONSEQUENCE OF):									
9	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):									
S	CAUSE (Disease or injury									
	that initiated events DUE TO (OR AS A COR resulting in death) LAST	NSEOUENCE OF):								
CERTIFICATION	d									
11	PART II. Other aignificant conditions contributing to death but n	ot resulting in ti	he underlying	cause givan in		AS AN AUTOPSY	24	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
20	Cirrhosis					ES 2 NO		COMPLETION OF CAUSE OF DEATH?		
ME	DID TODACCO LICE COMPRISING TO							1 🔀 YES 2 🗆 NO		
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF D		ES   NO			$\perp$			
SIC	EXAMINER? HOSPITAL:		THER:	ACE OF DEATH (CI						
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetier  27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME O			8 Other (Specif) 28d, DESCRIBE I		CURED			
ВУ Р	1 Netural 5 Pending (Month, Day, Year)	INJURY	WOF							
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, stree	t, factory, office		261. LOCATION (S City or Town,		r or Rural	Route Number,		
=	4 Homicide determined				City or rown,	Siele)				
PL	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge									
COMPLETED	one) 2 MEDICAL EXAMINER: On the bests of examination and	d/or investigation, in	my opinion, de	eth occured at the	fime, data and plac	ca, and dua to t	he cause(	a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	291	e. a.	29c. LICENSE NU	MBER	29d. DA		(Month, Day, Year)		
10 E	31.67	- your		D41843		•	11/	23/94		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		-	Cata		1 4 4	3.6	01000		
	Ann E. Reed, M.D., St. Agnes Ho 31. DATE FILED (Month, Day, Year) 32. REGISTRADIC SIGNATUR		900 5.	Uaton A	ave., Ba.	ıtımore	, Mc	1. 21229		
	NOV 2 9 1994 Julia of Russian Signatur									



1994

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

New York

7:15

REG NO

2. DATE OF DEATH

•	
	١
0	
9	
N	
3	
(0	
w.	
BOX 68760,	
$\circ$	
m	
-	
_ 0	
$\mathbf{c}$	
P.0	
0	
_	
Ś	
0)	
~	
4	
$\circ$	
RECORDS,	
$\circ$	
ш	
~	
4	
VITAL R	
-	
Q.	
_	
-	
-	
OF	
$\overline{}$	
$\circ$	
_	
Z	
0	
$\mathbf{U}$	
4.0	
VISION	
=	
>	
=	

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIES

NOV 2 9 1994

VICTORIA

Hou

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

BE

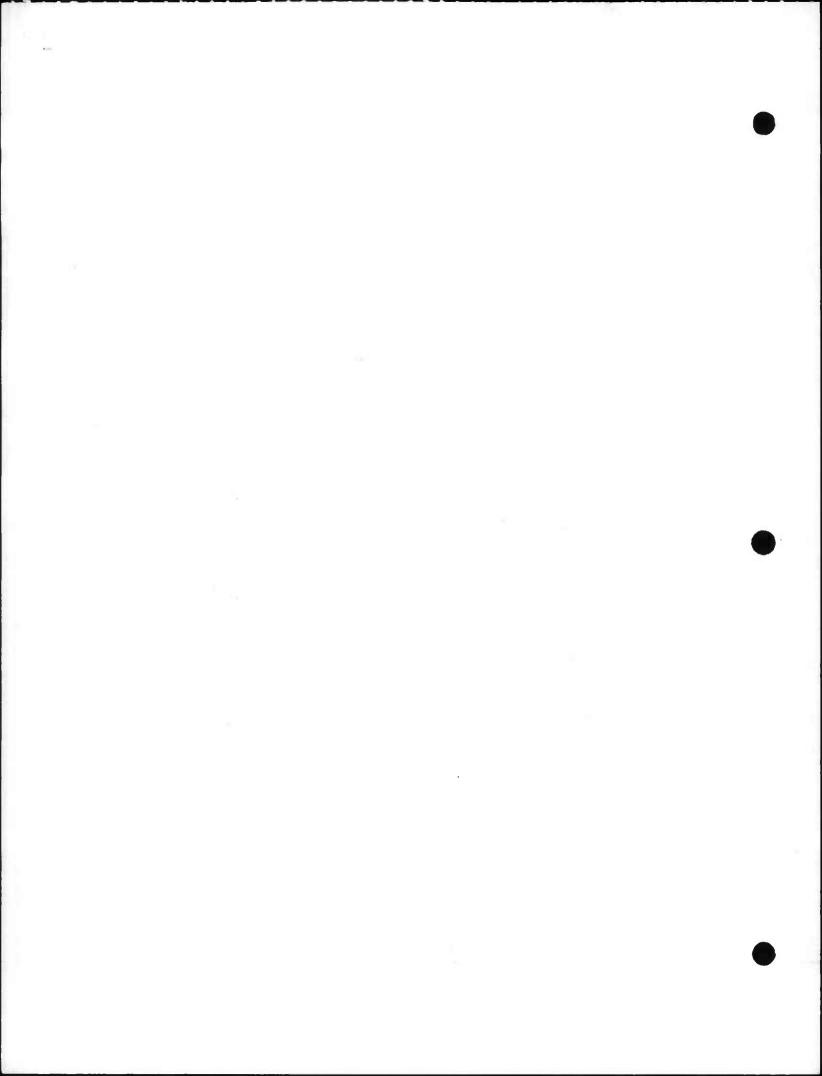
0

Laura Petrosillo November 5. SEY 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 216-10-4987 A 1 M 2 X F 89 YRS. April 16, 1905 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 4012 Hamilton Avenue Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit 4012 Hamilton Avenue 21206 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 ☐ YES 2 🔯 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced 0 15. DECEDENT'S EDUCATION (Specify only highest grade complex 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) 3 Floor Lady 17. FATHER'S NAME (First, Middle Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Antonio Mogavero Rosalio Cerniglia BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4012 Hamilton Avenue Catherine A. Valsecchi 9 20a, METNOD OF DISPOSITION
1 🔀 Burlal 2 🗆 Cremation 3 🗎 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Cedar Hill Cemetery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark. T. Zavoyna the medical examiner 22. NAME AND ADDRESS OF FACILITY Faugur Leonard J. Ruck, Inc. May T. 5305 Harford Road Baltimore, completely filled in by the hal, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) withir traumatic event, me requires that the death certificate be executed bunal. con onall arteril CERTIFICATION Sequantistly list conditions, prior to If any, leading to immediate attending physician cause. Enter UNDERLYING CAUSE (Disesse or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated avants resulting in death) LAST the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL een signed by the shows any Dept of F PHYSICIAN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem Certificate I HOSPITAL . 1 TYES PNO 4 Nursing Home Residence 8 Other (Specify) 1 | Inpetiant 2 | ER/Oulpati 9 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be 4 Homlelde determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL (Check only one) FUNERAL WITHIN 72 I TO THE HUSPITA TO THE RUNEAA De Sied within 72 IMPORTANT. IS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE -- American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Tailor Shop Baltimore, Md. 20c. LOCATION — City or Town, State 11/28/94 Baltimore, Maryland 21214 Approximata Interval Batween Onset and Dasth 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES TO NO 1 YES 200 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Hour D 3238 DHMH-16 Rev 1/89



	- 5
	- 22
0	- 5
N.	2
_	-
=	- 2
Ç	2
-	Æ
47	0
~	- 8
N	1
_	-
Ò.	-
. 4	CC
	-6
_	U.
Z	- 2
-	-
Q.	2
_	1
_	2
	_
II.	2
d	.00
-	20
5	90
BALTIMORE, MARYLAND 21215-0020	-
	2
ш	>
~	100
_	100
<b>-</b>	40
=	m
2	ě
	å
_	-
	=
_	10
₫	ŏ
~	_
_	.00
	700
	5/3
	⋾
-	.0
	from hours after death. Page 6 may be retained by the hospital or attending physician
E.	- 6
0	三

	6
	6
	ä
•	
٦̈	+
$\sim$	3
~	4
~	9
20	5
w)	8
BOX 68760	- 4
$\equiv$	9
$\cup$	-
m	- 6
	- 2
О.	ä
-	C
. P.O.	- €
	- 6
S)	T
<u> </u>	- 12
_	+
VII AL RECORDS,	- 6
Э.	21
~	8
~	- 5
ш	ĕ
~	
_	3
_	6
ď	- 6
_	E
_	
>	2
	7
_	2
_	- 5
_	7
7	-
=	ž
)	ē
_	2
n	Ë
_	b
DIVISION OF	
5	č
_	
	COTAL OR ATTENDING DAYSICIAN. The law requires that the death certificate he executed with
	5
	25

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		4 050505051510 414455 451					11 10/	1112	_	DEAT	• •		NEG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH				
		Ida Christina Paddy						N				NOV 22 1994		11:05p M		
		4. SOCIAL SECURITY NUMB	BER	5. SEX 6. AGE (In yrs. last birthday)			"	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8 BH		8. BIRTI	HPLACE (State or Foreign		
		214 32 9640		1 M 2 XF	59	YR	MONT	THS DAY	YS	HOURS	MIN.	JAN".	25.19	35	Counti	hington,DC
pno		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b.	CITY, TOY	WN O	R LOCATIO	N OF DE				NTY OF D	
es.	<u>م</u>			,										10		
.2	DIRECTOR	1410 Dent	RQ;				Cr	nurcl	nto	on				Anne	e Ar	undel Co.
es 1		10a. STATE	10b. COUNTY	1		10c.	CITY, TO	WN OR LO	OCATI	ION						10d. INSIDE CITY
Pa.	[뜻]	MD	AACo			CL										LIMITS?
Ē		10e. STREET AND NUMBER	HACO			101	urci	nton	40.6	20.000						1 YES ZXXNO
. E	\ <u>\</u>							- 1		ZIP CODE				10g. CIT	ZEN OF V	WHAT COUNTRY?
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	1410 Dent	Rd.							20733					SA	
physician. burlat-trar	교	11. MARITAL STATUS  1 Never Married 2 XX	December	12. WAS DECEDEN FORCES? 1	T EVER (N	U.S. ARMED						CORIGIN? (		or No-	14. RACE	E — American Indian, k, White, stc.
	BY	3 Widowed 4 Divo	-	IF YES, GIVE Y	AR OR DAT	TES TES					Specify		arr, arcc)		WHI	
attending se as the															MHT	TE
Se att	TED		EDENT'S EDUC highest grade			18a. DECEDEN (Give kind	of work a	done during	PATIO	N It of working	,	16b, KI	ND OF BUS	SINESS/INC	USTRY	
al or after the tor use	<u> </u>	Elementary/Secondary (0	-12)	College (1-4 or 5	-)	life. Do NO	T use retir	red.)				1				
he hospit detached once.	₽	12				HOMEM	AKEF	3				I	HOUSE	HOLD		
the hospital or detached for u	COMPLET	17. FATHER'S NAME (First, Mi	iddle, Last)						П	18. MOTH	ER'S NAI	ME (First, Mide	de, Maiden	Sumame)		
9 Q Q	ш	_Walter Norm	an Nei	itzev						Amv	Robe	erta N	(cNal	lv		
5 should be	8	19a. INFORMANT'S NAME (7)				19b. MAIL	ING ADDI	RESS (Stre	eet an			loute Number,			Codel	
5 st	임	Warren M. F	addy									n.Md.2		r, crarc, Eq.	0000)	
bage page		20a. METHOD OF DISPOSITI			000						11 001	7				
e 6 ma ector, p must		□ Buriel 2XXCremetio	n 3 🗆 Reme	oval from State	cemei	PLACE AND DA tery, crematory etro C	or other pl	sposition laçe)	N (Nan	ne or		DATE		CATION —		
age direc	1	4 Donatton 5 Other		ana ana ana	M	etro C	rema						Bal	timo	re,Mo	d
cours after death. Page 6 may be d in by the funeral director, page or removal.	1	21. SIGNATURE OF SCHEDA	L'activité de	1 ///						D ADDRES					- 41	- 4
40 -: 40		Dals	V ,	It Clork	11			12 1	YE'S	GLEY	AVI	E; ANNA	APOLI.	S,MD	.2140	21
dours after did in by the or removal.		12 RIDGLEY AVE: ANNAPOLIS, MD. 21401 HARDESTY FUNERAL HOME P.A.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
ours or re		Interval Batween														
in all		IMMEDIATE CAUSE (Final Onset and Death														
ompletely fille		resulting in death) a. Druss Carrier 1														
B 2 - 9				DUE TO	(OR AS A	CONSEQUENC	OF):									
te be executed within sician and completely i prior to burial, crematic traumatic event, th	Z	Sequentially list conditions, b.														
	CERTIFICATION	If any, laading to immediate														
pric	걸	CAUSE (Disease or Inju		C												
ortific plane	뜬	that initiated evants		DUE TO	(OR AS A	CONSEQUENC	OF):									
th ce Hyd	8	resulting in death) LAS	' (	d												
at the death certificate be to by the attending physician and Mental Hygiene prior to injury, or other traum		BADT ii Other significa	nt condition		disable bus		1									
by the	DICAL	PART II. Other aignifica	nt condition	a contributing to	death bu	t not reaulti	ig in the	e underl	ying	cause gi	van in I	Part I. 24	e. WAS AN		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
s tha	음											1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
quire Sign Hea	ME															1 YES 2 NO
w rev		DID TOBACCO U	SE CONTE	RIBUTE TO CA	USE OF	DEATH	YES T	] NO		UNCE	RTAIN					J
he la has Det	PHYSICIAN:	25. WAS CASE REFERRED TO				6. PLACE DF			_	01101						
N: The ficate State	잃	EXAMINER?		HOSPITAL:	EP/Outnot	den a Arab		HER:		- pA -						
the the	¥∥	27. MANNER OF DEATH		28s. DATE OF	_		TIME OF		_	RY AT	Idence	8 Other (S	-			
PHYY this with		FR 6	Pending	(Month, D		200.	INJURY		WOR	RK?		28d. DESCR	IBE HOW IT	JURY OC	JURED	
ING ther eath	ĕ I	E Perciaent	nvestigation	00 - DI 100 0	E 101 11 1 mar	1				ES 2 🗌	NO					
END DR: A ter d			Could not be determined	building,	atc. (Specif)	– At home, tar y)	n, atreet,	, tectory, o	office			City or 7	ON (Street a lown, State)	nd Number	or Rural F	Route Number,
ATT HECTIC IS af		4   Hollington	retermined										- 1-1			
PIG PIG	2	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowle	dge, death occ	urred at 1	the time, o	data a	and place,	end due	to the cause(	a) and man	ner se stat	ed.	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										and manner as ateled						
FUNI WITHI	8 I	29b. SIGNATURE AND THEE														
분분들	띪	290. SIGNATURE AND TITLE	1							29c. LICEN				29d. DATI	SIGNED	(Month, Day, Year)
2 2 3 X	2	4M	M							DL	581	_		P 11	125	184
	-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEAT	TH (ITEM 27) (	rpe, Print)	)				1				/
		JACO (	18 ItE	( bAUM	11	39 00	- J	Soco	~	07	(16.	A.V.	An	21/0	al.	MN, 21401
		31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNAT	TURE					**			1		
		NOV2 9 199	14 Jul	in Dandles	Marda	Щ										- 1

permit. Pages 1, 2, 3 should use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 for detached f pe should page 5 s ours after death. Page 6 may be funeral director, filled in by the completely DIVISION OF VITAL RECORDS, P.O. BOX 68760, law requires that the death certificate be executed with the HOSPITAL DR ATTENDING PHYSICIAN: The

ĕ notified pe must examiner the medical cremation, or event, nding physician and corr Hygiene prior to burial, other traumatic 6 signed by t Health and any 23 shows been x. of k Dept. certificate has b Hem L DIRECTOR: After this cer hours after death with th litem 28 is marked, c this c

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 has IMPORTANT: If IN

DIRECTOR

FUNERAL

BY

COMPLETED

BE

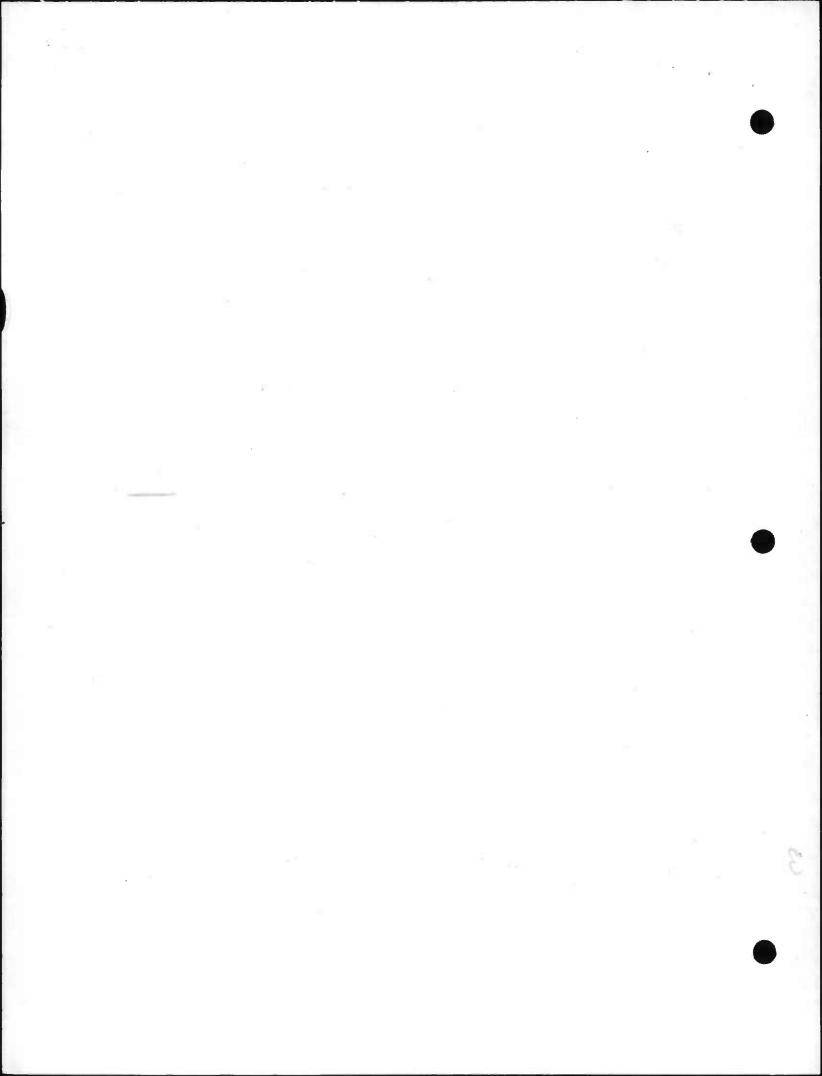
5

ITEM: 22. PER F.H. FILM G-717 11/29/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN YEAR GRACE PAPANIA 1994 NOV. 26 6:25 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 97 212-74-6361 1 M 2 X F February 26,1897 Illinois 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Stella Maris Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 K YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2806 Overland Ave. 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: Specify: 3 X Widowed 4 Divorced White 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) 4 yr s College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Philip Russo Rose Papale 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Pauline F. Papania Same as #10 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE 1 X Buriel 2 Cremetion 3 Removel from State Holy Redeemer 4 ☐ Donation 5 ☐ Other (Specify) 11/29/94 Baltimore, MD SKINATURE OF FUNERAL SERVICE LICENSEE Paul 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Baltimore, MD Leonard J. Ruck, Inc. 54305 Harford Rd. 23. PART I. Enter the diseases, or complication that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only one cause on such line. intarvsi Batween IMMEDIATE CAUSE (Final Onsat and Death NEUNONIA disease or condition resulting in death) AS A CONSEQUENCE OF ILOW EN Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? st prosters 1 TYES 2 NO OF OEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 Aversing Home 5 Residence 6 Other (Specify) 1 YES 2 NO ☐ ER/Outpatient DOA

27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO 1 Natural 1 YES 2 NO Investigation 2 Accident 3 Sulcide At home, farm, streat, fectory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, or occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the beels of examination and/or time, date and place, and due to the cause(s) and manner as stated,

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) ASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Printy) 2306

31. DATE FILED (Month, Day, Year) NOV 2 9 1994 32 REGISTRAR'S SIGNATURE



YEAR

BALTIMORE

Specify.

BLACK

994

USA.

3. TIME OF DEATH

P

8:00

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

TYES 2 NO

MD.21223

interval Batween

Onset and Death

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF OFATH? 1 YES 2 NO

29d. OATE SIGNEO (Month, Day, Year)

116

194

D30115

HERTS MIR BRITIMO

STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

NOV 2 9 1994

TEAM OHIOKPE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mai

32. REGISTRAR'S SIGNATURE

Davidson Randall

2600 Liberty

BE

0

黑寶 世

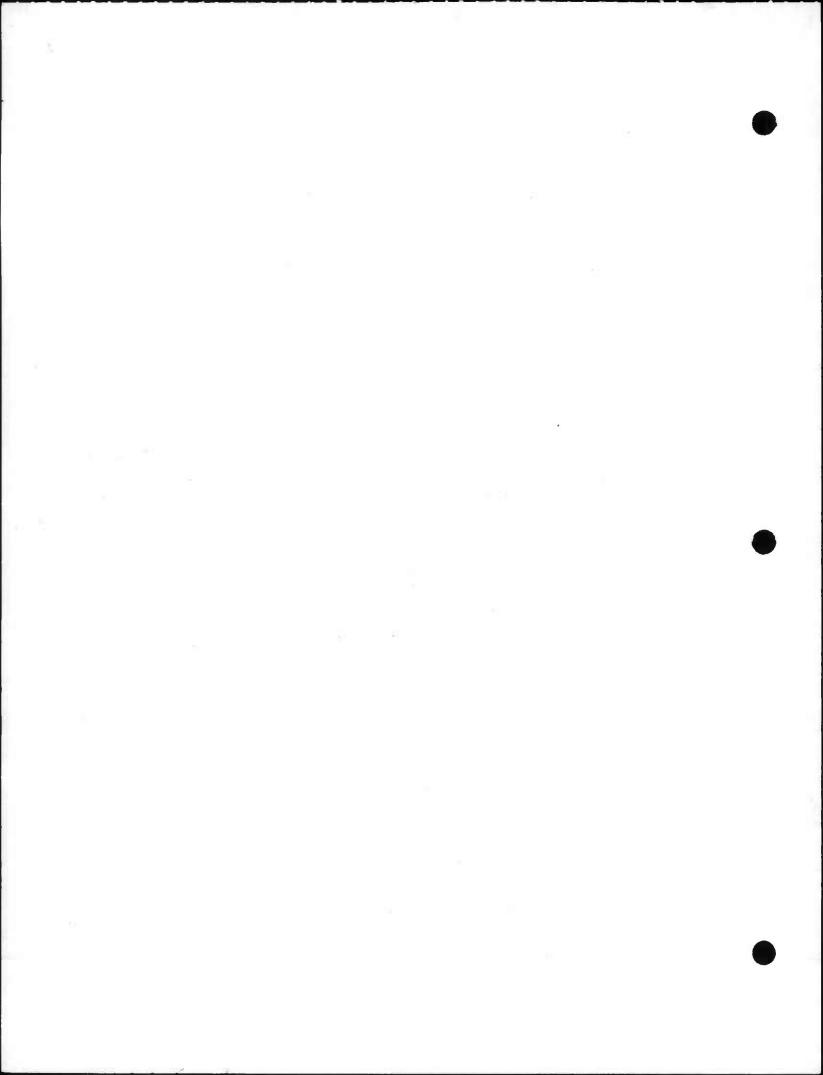
•	ı
0	
10	
~	
-	
w	
BOX 68760	
-	
$\simeq$	
0	
m	
ш	
0	
٧.	
P.0	
_	
10	
Ġ,	
$\Box$	
~	
<u>u</u>	
0	
RECORDS	
$\mathbf{C}$	
ш	
m	
-	
_	
1	
~	
_	
_	
>	
OF VITAL	
<u> </u>	
О.	
_	
ON	
$\equiv$	
O	
-	
ഗ	
_	
$\leq$	
_	

2. DATE OF CEATH PORTER THE NOV. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE HOURS 217-01-5098 1 X M 2 F YRS SEPT.17, 87 1907 SOUTH CAROLINA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND BALTIMORE CITY регліп. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 1703 MOSHER STREET 21217 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced as ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY use (Specify only highe jo Elementary/Secondary (0-12) College (1-4 or 5+) detached COMPL 4th GRADE SHIPFITTER SHIPBUILDING COMPANY once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ THOMAS page 5 should be PORTER UNKNOWN notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LUKE PORTER JR. 1725 CLIFTVIEW AVENUE, BALTIMORE, MARYLAND 21213 pe 20e. METHOD OF DISPOSITION
1XC Burlel 2 Gremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must the funeral director, AUBURN CEMETERY 11-22-94 BALTIMORE, MARYLAND medical examiner FUN 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. after death. 1913 W. BALTIMORE ST., BALTIMORE, гетпоча 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, filled in by SING ahock, or heert failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) and completely fi burial, cremation SEPSIS event, DUE TO (OR AS A CONSEQUENCE OF) executed Delygard m Due to (or as a consequence of): traumatic CERTIFICATION and Sequentielly liet conditions. if eny, leading to immediate physician death certificate be prior Sacral dechostal vicer ceuse. Enter UNDERLYING CAUSE (Diseese or injury other signed by the attending phy Health and Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST gra10-PUlmonar 10 ar injury, PART ii. Other eignificant conditions contributing to death but not reaulting in the underlying ceuee given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL shows any 1 YES 2 NO certificate has been h the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Пеш **EXAMINER?** HOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 DOA OTHER: ATTENDING PHYSICIAN: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, INJURY 1 Natural 5 Pending 1 YES 2 NO After t BY 2 Accident Investigation 28s. PLACE OF INJURY -- At home, farm, atraet, factory, office 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) FTED a Could not be MEERTOR: / 28 4 Homicide 8 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) and menner as stated. AME THE COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner se stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

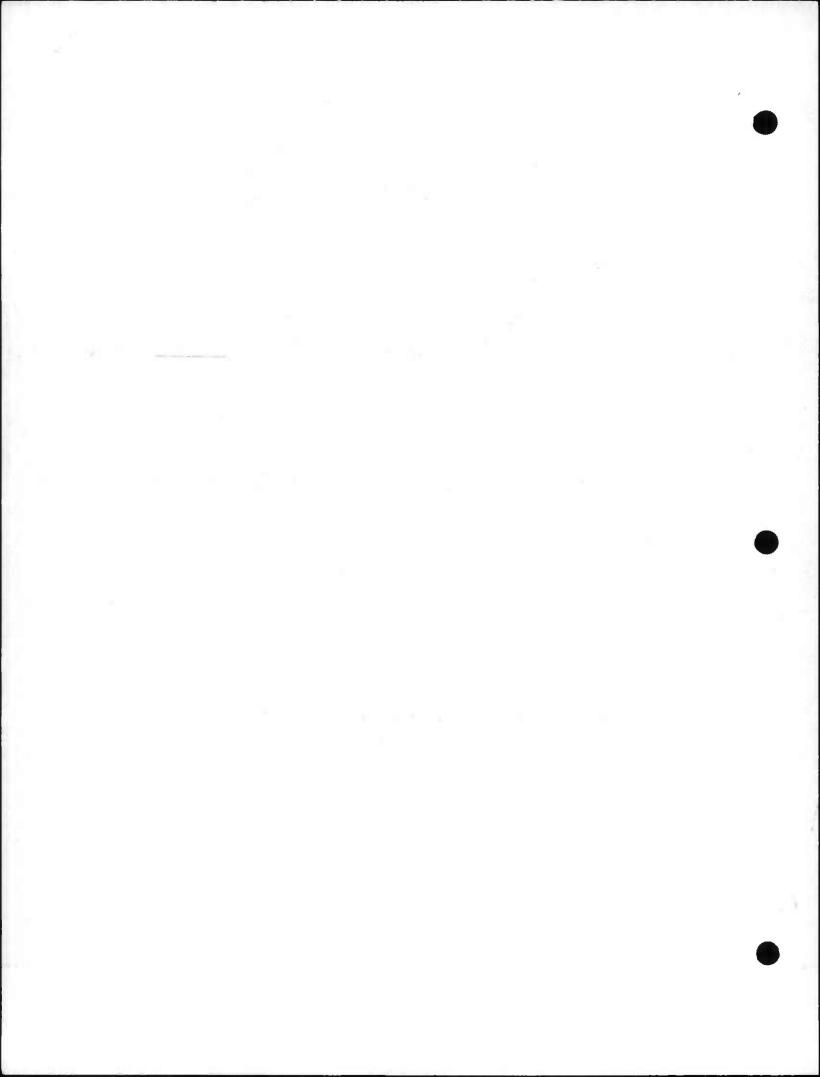


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

ITEM: 16b, PER F.H. FILM G-717 11/29/94 t.t

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Nikolay	Rakhunc	V			2. DATE OF OEATH MONTH 23	"1994 YEAR	3. TIME OF DEATH 8AM M	
9	213-35-0131	[XM 2 □ F	(In yrs. last birthday)  YRS.		THPLACE (State or Foreign intry) RUSSIA				
TOR	9a. FACILITY NAME (If not institution, give street 5900 Park Heights RESIDENCE OF DECEDENT				imore	ATH	9c. COUNTY OF	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT		6		10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER 5900 Park Heigh	ts Ave Apt	103	101	21215		10g. CITIZEN O	F WHAT COUNTRY?	
¥		2. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 X NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No.— 14. R/	MCE — American Indian, ack, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elamentary/Secondery (0-12)		18a. DECEDENT'S US (Give kind of wor life, Do NOT use	rk done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	,	
	17. FATHER'S NAME (First, Middle, Last)	5+	Dentist		18. MOTHER'S NAI	Denis  ME (First, Middle, Maiden	00111	ISTRY	
TO BE	19a. INFORMANT'S NAME (Type/Print) Sol Lemberger					Poute Number, City or Tow One MD 212.			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State 201	D. PLACE AND DATE OF DELETY, Crematory or other SALLIMORE	disposition (No Hebrew		DATE 20c. LO L1/23/94Ba	cation — city or ltimore		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1. Cathl	a a	SOL I		& BROS.,		ORE, MD 21215	
CERTIFICATION	23. PART i. Enter the diseases, or corahock, or heart feilure. List immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS )  DUE TO (OR AS )	ech line.	ware		reffer		Approximete Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE		use				Part I. 24a. WAS AN PERFOR	RMED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN:	DID TOBACCO USE CO	ONTRIBUTE TO			ES NO				
à	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Spe	28b. TIME INJUI	4 Nursing Home 5 Rasidenca		8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCUREO  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		ei Route Number,	
COMPLETED	4 Homicide determined					to the cause(a) and mer time, data and placa, an		e(a) and menner as stated.	
0	2 MEDICAL EXAMINEN:	On the basis of gasininglic				29c. LICENSE NUMBER D34878  29d. DATE SIGNED (Month, Day, Year) NOV 23, 1994			
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER  V. JONG TS  30. NAME AND ADDRESS OF PERSON WHO	nberg	a_i	Print)	29c. LICENSE NUN			ED (Month, Day, Year)	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

LINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. ML OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

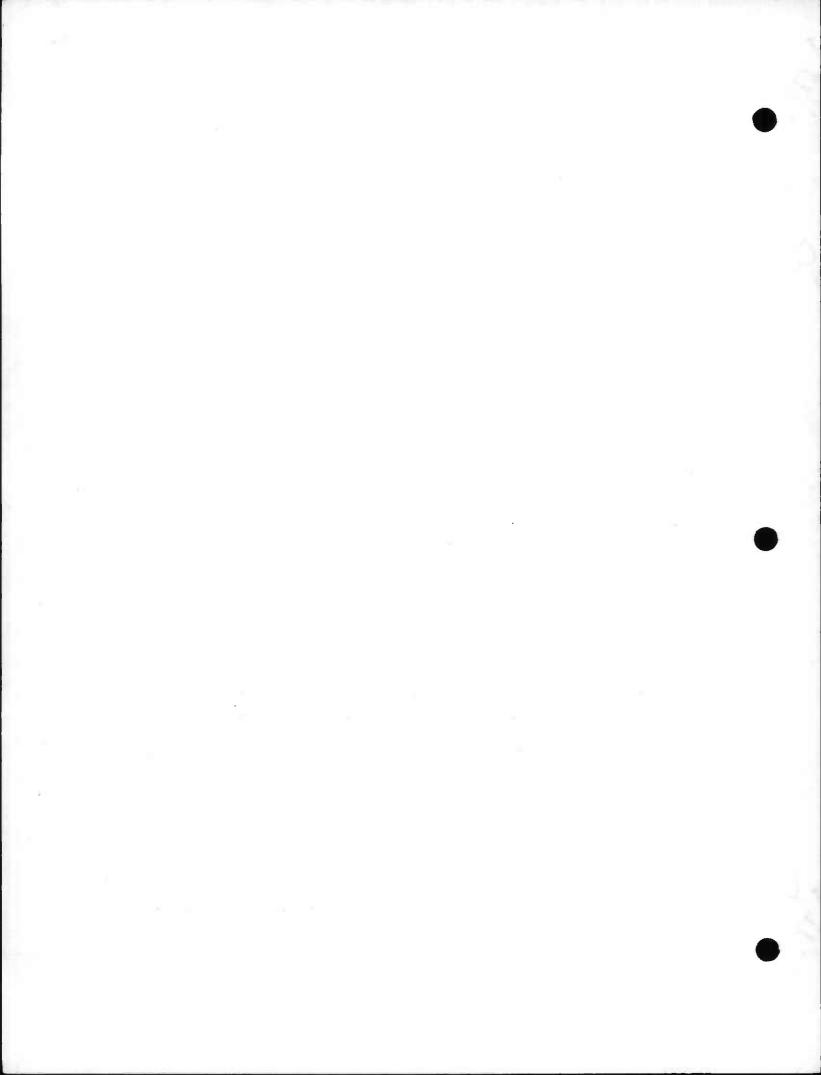
NOV 2 9 1994

							34957			
Ite	# 20b Film # G 718 12-12-94 n.A. Per fun FOR 1 - STATE OF MARYLAND / REGISTRAR	DEPARTM DEPARTMENTIFIC	MENT OF I	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)  JACOB ROBINSON				2. DATE OF DEATH		YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. les	st birthday) IF	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	77	6. BIRTHPLACE (State or Foreign			
	231-01-4467 <sup>1™2□F</sup> 76		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-13-1	8	N.C.			
_	9e. FACILITY NAME (if not institution, give street and number)	91	b. CITY, TOWN	OR LOCATION OF E	EATH	9c. COUN	NTY OF DEATH			
2	11 W 20th, ST, APT, 5-U		BALT	IMORE C	ITY					
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCA	TION			10d, INSIDE CITY			
=	MD.	BAI	LTIMO	RE CITY			LIMITS?			
A.	10e. STREET AND NUMBER	2111		f. ZIP CODE		10g. CITI2	ZEN OF WHAT COUNTRY?			
FUNERAL	11 WEST 20th. STREET AP	r. 5-t	U	21225		USA	А			
S	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES?  1 YES 2 1	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		14. RACE — American Indian.			
B	1 ☐ Never Merried 2 ☐ Merried  3 ☐ Wildowed 4 ☐ Divorced  3 ☐ Never Merried 2 ☐ Merried  1  ☐ FORCES 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES  3  ☐ 2  ☐ 4  ☐ 3  ☐ 2  ☐ 4  ☐ 3  ☐ 2  ☐ 4  ☐ 3  ☐ 2  ☐ 4  ☐ 3  ☐ 3			S 2X NO Spec	en, Puerto Rican, etc.) fy:		Black, White, etc. Specify: BLACK			
H	(Specify only highest grade completed) (G	ive kind of work	UAL OCCUPATI	ON ost of working	18b. KIND OF BU	SINESS/IND	USTRY			
COMPLETED	College (1-4 or 5 +)	ANDYM.								
COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meiden	Surname)				
ē   III	UNKNOWN			UNKNO	NW					
TO BE	19a. INFORMANT'S NAME (Type/Print) 196	b. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or Tox		/			
	SAUNDRA ALDERMAN	1814	DIVIS	ION ST.	BALTO.	MD.	21217			
must be	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State									
Ē	Donation 5 C Other Specify Balt	imore Na	ational			1 Frede	erick Ave.			
	21. SIGNATURE OF FUNENAL BERVICE ETCHSISEE		22. NAME A	ND ADDRESS OF F	KCILITY					
event, the medical examiner	in Jourse				7/H 1712					
200	23. PART I. Enter tha diseases, or complications that caused tha de shock, or heart fallure. List only one cause on sech line	ath. Do not	entar tha mo	oda of dying, au	ch as cardiac or reap	Iratory arre	eat, Approximata			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (DR && A CONSEQUENCE OF):									
É	resulting in death)	1006	-	2001	0-01/40	e				
	DUE TO (DR &S A CONSEQUENCE OF):									
FICATION	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
SAT I	cause. Enter UNDERLYING									
	that initiated events DUE TO (OR AS A CONSEC	DUENCE OF):								
5 15	resulting in death) LAST									
	PART II. Other algorificant conditions contributing to deeth but not r	reaulting in t	the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
2					PERFO	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
MEDIC						Ano	OF DEATH?			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	TH YES	□ NO □	UNCERTA	ΝП		1 123 2 10			
MAIS	25. WAS CASE REFERRED TO MEDICAL 26. PLAC		Check only one)							
YSICI,	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3		THER:  Nursing Hon	ne S Residence	6 Other (Specify)					
PH.	27. MANNER OF DEATH 260. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		JURY AT	28d. DEŞCRIBE HOW	NJURY OCC	URED			
BY PH	1 Naturel S Pending 2 Accident Investigation		M 1 🗆	YES 2 ND						
	3 Suicide 6 Could not be 4 Homicide determined	me, ferm, stree	et, fectory, offic	00	281, LOCATION (Street City or Town, State)	ION (Street and Number or Rural Route Number, Town, State)				
COMPLETED	an company of the com									
4	29e. CERTIFIER (Check only one)									
8	2 MEDICAL EXAMINER: Do the bests of examination end/or	investigation, in	n my opinion, o	death occured at the	time, date end place, er	d due to the	cause(e) end menner se stated.			
EN E	29b. SIGNATURE AND TITLE OF CERTIFIER	Conc		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEE	~(>		02	7838	•	1/29/94			

5 Aquahar Kd. Flea

he hospital or attending physician. detached for use as the burial-transit perm once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RIVERAL DIFFERIOR AND INTEGRATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il lism 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
- o	te 6 may be retained by	rector, page 5 should b		must be notified a	
e 6 may be retained by tr rector, page 5 should be must be notified at	nours after death. Pag	filled in by the funeral dis	on, or removal.	ne medical examiner	
hours after death. Page 6 may be retained by the funeral director, page 5 should be in or removal.  e medical examiner must be notified at	te be executed within	sician and completely f	prior to burial, crematio	traumatic event, th	
te be executed within flours after death. Page 6 may be retained by the sician and completely filled in by the funeral director, page 5 should be individed burial, cremation, or removal.  Traumatic event, the medical examiner must be notified at	that the death certifical	ed by the attending phy	h and Mental Hygiene	any Injury, or other	
that the death certificate be executed with. Hours after death. Page 6 may be retained by the other attending physician and completely filled in by the funeral director, page 5 should be a and Mental Hygiene prior to burial, cremation, or removal.  In you can be a completely the medical examiner must be notified at the medical examiner must be notified at	IAN: The law requires	tificate has been signe	e State Dept. of Health	or Item 23 shows a	
IAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the trificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a 6 State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.  It is 23 shows any Injury, or other traumatte event, the medical examiner must be notified at	OR ATTENDING PHYSIC	IRECTOR: After this sel	ours after death with th	em 28 is marked,	
THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the INFECTION AND THE RESERVENCE AND THE ADMINISTRATION OF THE AD	TO THE HOSPITAL C	TO THE FUNERAL D	Martin 72 hr	IMPORTMYT: IT IS	
THE HOSPITAL DRIVING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the THE RUNEHAL DIRECTOR. At a sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be settled. The form that the completely filled in by the funeral director, page 5 should be settled. The form the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IN THE THE THE THE THE THE THE TABLE TH					

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF H	EALTH AND N	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)		^	MSKI	2. DATE OF OEATH MONTH	1 94	3. TIME OF DEATH Q:00 P M			
	212-05-8789		RS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 3-21-14	s. sı MZ	IRTHPLACE (State or Foreign Suntry) ARYLAND			
OR	9a. FACILITY NAME (If not institution, give street HOPKINS BAY VIEV	and number)	BALTIMO	OR LOCATION OF DE	ATH	9c. COUNTY C				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND RA	LTIMORE 100c	c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?				
FUNERAL (	10%, STREET AND NUMBER 6811 DELUTH A		201	ZIP CODE		1 ☐ YES 2 <sup>A</sup> NO  10g. CITIZEN OF WHAT COUNTRY?  USA				
BY	11. MARITAL STATUS 1 Never Merried 2 💢 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES	If yes, spe	ENDENT OF HISPANI polity Cuben, Mexicen 2 NO Specify.	or No 14, R	RACE — American Indian, Black, White, etc.				
COMPLETED	15. OECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12) 9 YEARS	(Give kin life, Do N	ENT'S USUAL OCCUPATION of of work done during most VOT use retired.)	DN st of working	16b, KIND OF BUS	INESS/INDUSTR	N			
BE CON	17. FATHER'S NAME (First, Middle, Lest)  JACOB ZYCH			18. MOTHER'S NAM MARCIA	NA WASII	ELSKI				
TO B	19a. INFORMANT'S NAME (Type/Print) MR. WALTER RADOI	MSKI 681	ULUTH	~AVENUE	BALTO:	MD 21	222			
	29e METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	HOLY RO	DATE OF DISPOSITION (No. ) SARY CEM			LTO. M	or Town, State ID. 21222			
(	21. SIGNATURE OF FUNERAL SERVICE LICEN	samelie	1201	DUNDAL		BALTO	). MD. 21222			
	25. PART i. Enter the diseases, or com- shock, or heert failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in desth)	SePSIS	UNKNOWN			ratory arrest,	Approximate interval Between Onset and Death			
NOIT	Sequentielly list conditions, if any, leeding to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENT	CE OF):	PNCY						
A	PART II. Other eignificant conditions of	ontributing to deeth but not result	ting in the underlying	g ceuse given in i	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: MEDIC	CORONARY ARTON				A		1 YES 2 NO			
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	OSPITAL:	OTHER:	ACE OF DEATH (Che						
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 26b	D. TIME OF 28c. INJURY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURE	0			
	3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY — At home, for building, stc. (Specify)	arm, street, factory, office	'	261. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,			
фомриетер		N: To the best of my knowledge, death or on the basis of examination and/or invest					ree(a) and manner as stated.			
84	296. SIGNATURE AND TITLE OF GERTIFIER	Burgert MD Re	SIDENT	29c. LICENSE NUM	BER //	29d. DATE SIG	NED (Morth, Day, Year)			
<u>م</u>	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETE CAUSE OF DEATH (ITEM 27) ROPERT MI) 40	(Type, Print) 940 EASTE	en Ave	BALTIM	RE, M	021224			
	NOV 2 9 1994 July	,32. REGISTRAR'S SONATURE		1,	10.4-1.0.00	]/ (				



0	
<b>BALTIMORE, MARYLAND 21215-0</b>	
-	
C	
T.	
CA	
	•
Z	
d	ľ
1	1
>	
Œ	•
4	
=	•
Iri	
~	
$\leq$	
2	
	•
	1
d	
m	
_	
68760,	9
0	San Asses
9	4
8	
9	

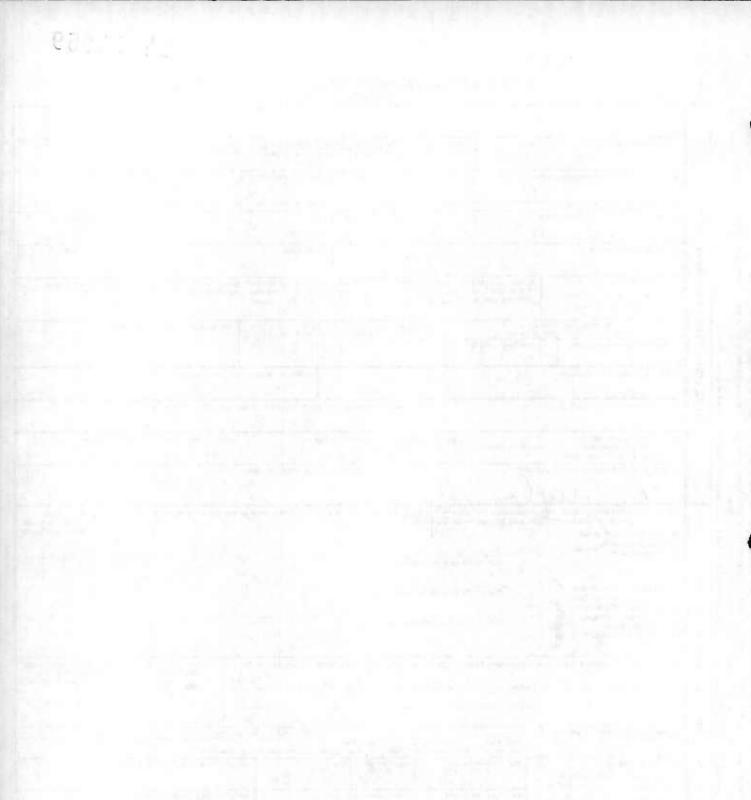
68760,	
BOX 68	
S, P.O	
RECORDS,	
AL RE	
N OF VITAL	
DIVISIO	

T. Fam Ona 31. DATE FILED (Month, Day, Year) NOV 2 9 1994

	1. DECEDENT'S NAME (First, Middle, Last)		6	2 0+	h		2. DATE OF DEATH	DAY	7 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER  215-05-5202  1 □ M 2 ☒ F  77				IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  (Month, Dev Mar)  Junelo,	1917	8. BIRTHPLACE (State or Formion			
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D		_	NTY OF D			
OR	Bayview Hosp	oital			Ва	altimor	e					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT									10d. INSIDE CITY		
DIR	Md.	Md.								1 YES 2 NO		
ME	10e. STREET AND NUMBER	127	10	f. ZIP CODE		10g. CIT		HAT COUNTRY?				
FUNERAL	5505 Hopkins			212			USA					
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 N Widowed 4 Divorced	RMED NO	If yea, ap		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:	on or No-		- American Indian, t, White, etc. ty: White				
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	DENT'S USUAL OCCUPATION lind of work done during most of working NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY							
IPLET	Elementary/Secondary (0-12)	College (1-4 or 8		memaker								
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)											
BE (	Martinus Boeren Marua Gordon											
2												
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -											
	1 X Buriet 2 Cremetton 3 Rem	oval from Stata	cametery, cr	ematory or o	ther place)	erv11/				Md.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart-famor. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION												
N: MEDICAL CEI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIC COMPLETION D  OF DEATH?  1 VES 2 NO								. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C	heck only one)					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	☐ ER/Outpatient :	3 DOA		ne 8 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED			
	1 Natural 5 Pending	(Month, I			JURY WO	YES 2 NO	Lou. Describe Nov	moon oo	OUNED			
_	7 - 2000	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
TED BY	3 Suicide a Could not be 4 Homicide detarmined	building	4   Homicide determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									

DHMH-18 Rev 1/89

topkins Bryview Circle, Balto un



0
BO
o.
σ.
S,
30
Ö
S
R
AL
ITAL
>
OF
Z
ō
S
5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first find and by the trained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours and the first fill the state of

Arthory
31. Date Fileo (Month, Day, Say)
NOV 2 9 1994

		STATE OF MARYLAN	D / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)  Thema Robe	ete	CERTIFIC	CATE OF DEATH	REG. NO.		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. 229-18-1225 1	SEX 6. AGE (In yr.	~ _	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	IRTHPLACE (State or Foreign puntry)					
TOB	9a. FACILITY NAME (If not institution, give street  SINGI HOSPITAL  RESIDENCE OF DECEDENT	Bathmore		Battmare	EATH	9c. COUNTY O	IMAGE CITY					
DIRECTOR		Himore Cit	10c. CITY, 1	own on Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	2525 W	Belveder WAS DECEDENT EVER IN U.S	C. ARMED	101. ZIP CODE 2 17 5	NIC ODICING (Secole) Vo	Unrte	ASTATES  ACE — American Indian,					
D BY FI	3 ₩idowed 4 Divorced	FORCES? 1 YES 2	NO	If yes, specify Cuby, Mexic 1 ☐ YES 2 NO Speci	en, Puarto Rican, etc.)	8	Hack, Write, etc.  Rlack					
PLETE	(Specify only highest grade con	ION 16a npleted) 16a College (1-4 or 5+)	(Give kind of world	CEDENT'S USUAL OCCUPATION  vie kind of work done during most of working  Do NOT use retired.)  A MAIL  The beautiful to be business/inoustry  The beautiful to be business/ino								
ed at once.	UNING											
De notifi	II 19n INFORMANT'S NAME /%no/Print)	WATSON	3405	AVONCIAL AV	Balton	Md	21215					
must	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		Torematory or other	DISPOSITION (Name of PK	1130 R	Alta	7 Town, Stata Mck					
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENS	Deour	)	22. NAME AND ADDRESS OF F	ROWN CON	MMUNI VT.	ty FIH					
event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition										
or other traumatic	CAUSE (Disease of Injury	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
shows any injury, : MEDICAL CI	PART II. Other algorificant conditions of			the underlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
r Item 23 sh SICIAN:		28. F	PLACE OF DEATH		N 🗆							
IYSIC	1 VES 2 NO	OS ITAL:	1 3 □ DOA 4	THER:  Nursing Home 5 Rasidence								
maged,	28a. DATE OF INJURY 1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  1 YES 2 NO											
ETED E		28s. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stre	et, factory, offica	28f. LOCATION (Street a City or Town, Stete)	nd Number or Rui	al Route Number,					
MPORTANT: If item  D BE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0			it the time, date end place, end due in my opinion, death occured at the			ie(a) and manner ea stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	rns M.D.	JITEM 27 (Sup. Drive	29c. LICENSE NUI	MBER 321 A89814	29d. DATE SIGN	150 (Month, Day, Year) 23/94					
	A	ONS SING	II Has	pital - Bat	timore,	MD						

line with State of the state of nar i S . 

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day,

FOR		STATE OF I	AADVI AND	/ DEDAR		OF I	IF ALTIL	AND B								
- STATE REGISTRAR		SINIE OF I		CERTIF					MENTA	L HYGIEN REG. NO	E					
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH	īv.	YEAR	3. TIME OF DEATH			
HAROLD	SORKI	N							NÖV		, 199		02:30 Am			
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER 2	-		OF BIRTH	1020	6. BIRTH Count	IPLACE (State or Foreign			
059-12-586	1	1 🔀 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	JUL	Y 17	1920 102		NSYLVANIA			
90. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN (	OR LOCATIO	N OF DE	ATH			NTY OF D	DEATH			
JOHNS HOP		<u>IOSPITAL</u>			BAL	TIMO	ORE C	ITY								
10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY LIMITS?			
MARYLAND	H	OWARD			COLU	JMBI	A						TYES 2 NO			
10e. STREET AND NUMBER						101	. ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?			
5647 COLUM	BIA RO	AD, APT.	202				21	.044			US	SA				
11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S.				ENDENT OF			N? (Specify Vec	or No-	14. RACI	E — American Indian, k, White, etc.			
1 Never Merried 2 🖎			WAR OR DATES					Specify		riroani, oro.)		Spec	Hy:			
WHITE																
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  (Give kind of work done during most of working file, Do NOT seetingd.)  (Bit kind of work done during most of working file, Do NOT seetingd.)																
Elementary/Secondary (0-12) College (1-4 or 5 +)																
17 EATHED'S NAME /First 1/	4 Distributor Musical Instruments															
17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)																
LOUIS SORKIN FLORENCE Labin  199. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number or Paral Boute Number City or Town State 7th Code)																
MPS I ENODE CODUTAL FOR A SPECIAL PROPERTY OF A SPECIAL PROPERTY O																
MRS. LENORE SORKIN  5647 COLUMBIA RD APT 202 COLUMBTA, MD 21044  20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion																
4 Donetton 5 Other COLUMBIA MEMORIAL PARK 11+25-1994 COLUMBIA, MD																
21. SIGNATURE OF FUNDAL MERVICE LEGISEE  22. NAME AND ADDRESS OF FACILITY  COL TENTAL CONT. C. DOOG. TATO																
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215																
23. PART I. Enter the d	Iseases, or	omplications the	it ceueed the	deeth. Do	not enter	the mo	de of dyln	g, suct	as cer	dlac or raepi	ratory arr	rest,	Approximata			
IMMEDIATE CAUSE (Fig		Capeliny one cer	ase on escil	mre.									Intarval Between Onset and Death			
disease or condition	<b>→</b>		Mupole	nousen									1 104.			
Tooling III double)		DUE TO	(OR AS A CON	SEQUENCE O	F):	resulting in death) a. [Mount										
were the second second		b	ande	DUE TO (OR AS A CONSEQUENCE OF):												
			Samuellally the conditions b. Caralac failure										1 year			
cause. Enter UNDERLY CAUSE (Disease or Inju	If any leading to immediate												1 year			
	ING	c	Milviel	Val	re	des	case						1 year Syran			
that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											-		1 year Syears			
	ING Iry	c	Milviel	Val	re	des	wase						1 year Syears			
resulting in death) LAS	ING IT	c. DUE TO	MUTEL (OR AS A CON	Val ISEQUENCE O	r:			ven in	Part I.	24a. WAS AN	AUTOPSY	246	1 year Syran			
	ING IT	c. DUE TO	MUTEL (OR AS A CON	Val ISEQUENCE O	r:			ven in	Part I.	PERFOR	MED?	246	Year  Sylan  Were Autopsy Findings Amalable Prior to Completion of Cause			
resulting in death) LAS	ING IT	c. DUE TO	MUTEL (OR AS A CON	Val ISEQUENCE O	r:			ven In	Part I.		MED?	246	AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PART II. Other eignifica	T condition	c. DUE TO	(OR AS A CON	Value of resulting	F):	derlyln	g ceuse gl			PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
resulting in death) LAS	nt condition	c. DUE TO	(OR AS A CON	Values of security of resulting	F):	derlying	g ceuse gl			PERFOR	MED?	24b	AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PART II. Other eignification	nt condition	c. DUE TO	(OR AS A CON death but no	OT PENETRY OF DEA	In the un  TH (Check of Others	derlying	g ceuse gl	RTAIN	N Ø	PERFOF	MED?	24b	AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PART II. Other eignification of the property o	nt condition	DUE TO d.  e contributing to  RIBUTE TO CA  HOSPITAL: 1 // inpatient 2 (26e. DATE OF	OR AS A CON  death but not be death but	OUT TESTITION OF THE PROPERTY	F):  In the un  TH (Check of OTHER 4   Num  IE OF	derlying	g ceuse gl	RTAIN	6 Oth	PERFOF	MED?		AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PART II. Other eignification of DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5	nt condition	d.  DUE TO  d.  e contributing to  RIBUTE TO CA	OR AS A CON  death but not be death but	OUT TESTITION OF THE PROPERTY	In the un  In the un  TH (Check of OTHER  4   Num	derlying	g couse gl	RTAIN	6 Oth	PERFOR	MED?		AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PART II. Other eignification of DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 0  2 Accident	ING IT  Int condition  SE CONTI O MEDICAL  Pending	DUE TO d.  RIBUTE TO CA  HOSPITAL: 1 2 Inpatient 2 (Month, (	(OR AS A CON  death but no  AUSE OF D  28. P  ER/Outpatien  FINJURY  OF INJURY — A	OT resulting  EATH YI  LACE OF DEA	In the un  In the un  If (Check of OTHER 4   Num  IE OF JURY M	derlying	g ceuse gl UNCE  10 5 Res 10 IUNY AT 19 RY	RTAIN	6 Othor	PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW I	NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
PART II. Other eignification of DEATH 1 September 1 September 1 September 2 No 27. Manner Of DEATH 1 Natural 5 2 Accident 3 Suicide 6	SE CONTI	DUE TO d.  RIBUTE TO CA  HOSPITAL: 1 2 Inpatient 2 (Month, (	OR AS A CON  death but no  USE OF D  28. P  ER/Outpatient  INJURY  Joy, Year)	OT resulting  EATH YI  LACE OF DEA	In the un  In the un  If (Check of OTHER 4   Num  IE OF JURY M	derlying	g ceuse gl UNCE  10 5 Res 10 IUNY AT 19 RY	RTAIN	6 Othor	PERFOR  1 YES 2  PER (Specify)  SCRIBE HOW I	NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
PART II. Other eignification of the property o	SE CONTI O MEDICAL  Pending Investigation Could not be determined	DUE TO d.  e contributing to  RIBUTE TO CA  HOSPITAL: 1 Inputent 2  28e. DATE Of (Month, L)  28e. PLACE of building,	(OR AS A CON  death but not be death but	DOL ISEOUENCE OF THE STATE OF DEA	In the un  TH (Check of OTHER 4   Nurs E OF JURY M street, fector	derlyIng	g ceuse gl UNCE  10 5   Res	Idence NO	6 Other 26d. DE 261. LOG	PERFOR  1 YES 2  PER (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	MED?  NO  NJURY OCC	CURED or Rural I	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
PART II. Other eignification of the control of the	SE CONTI D MEDICAL  Pending investigation Could not be determined	DUE TO  d.  RIBUTE TO CA  HOSPITAL: 1 Inputent 2  28e. DATE Of (Month, t)  26e. PLACE of building.	death but not be death	DAL SEOUENCE OF DEAL SE	In the un  TH (Check of OTHER  4   Nurse is OF JURY M  street, lectored at the the	derlying  NO	g ceuse gl  UNCE  10 5 Res  JURY AT  PRES 2	RTAIN Idence NO	6 Other 26d. DE 26i. LOG	PERFOR  1 YES 2  PET (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY Occ	or Rural I	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
PART II. Other eignification of the control of the	SE CONTI O MEDICAL  Pending Investigation Could not be determined	DUE TO d.  Contributing to e contributing to e contributing to  RIBUTE TO CA  HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, Ic. 28e. PLACE Coulding.	death but not be death	DAL SEOUENCE OF DEAL SE	In the un  TH (Check of OTHER  4   Nurse is OF JURY M  street, lectored at the the	derlying  NO	g ceuse gl  UNCE  10 5 Ges  10 Res  10 PK AT  17 PK S 2 Ges  10 end place, death occure	NO NO and due	6 Other 26d. DE 26i. LOG City to the castime, date	PERFOR  1 YES 2  PET (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	CURED  or Rural I	AMALABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Route Number,			
PART II. Other eignification  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   2   Accident 3   Suicide 6   4   Homicide  29e. CERTIFIER (Check only one) 2   MED	SE CONTI O MEDICAL  Pending Investigation Could not be determined	DUE TO d.  Contributing to e contributing to e contributing to  RIBUTE TO CA  HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, Ic. 28e. PLACE Coulding.	death but not be death	DAL SEOUENCE OF DEAL SE	In the un  TH (Check of OTHER  4   Nurse is OF JURY M  street, lectored at the the	derlying  NO	g ceuse gl  UNCE  10 5 Res  JURY AT  PRES 2	NO NO and due	6 Other 26d. DE 26i. LOG City to the castime, date	PERFOR  1 YES 2  PET (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	CURED  or Rural I	AMALABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?  1 YES 2 NO			
PART II. Other eignification  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   2   Accident 3   Suicide 6   4   Homicide  29e. CERTIFIER (Check only one) 2   MED	SE CONTI O MEDICAL  Pending Investigation Could not be determined CIFYING PHYSI CAL EXAMINE OF CERTIFIEF	DUE TO  d.  e contributing to  e contributing to  HOSPITAL: 1 // Inpetient 2 (  28e. DATE OF (Month, f)  26e. PLACE Of building.	(OR AS A CON  death but no  AUSE OF D  28. P  ER/Outpatient  INJURY  Noy, Year)  Thy knowledge examination end	DOA 28b. TIME IN.	In the un  ES	derlying  NO	g ceuse gl  UNCE  10 5 Ges  10 Res  10 PK AT  17 PK S 2 Ges  10 end place, death occure	NO NO and due	6 Other 26d. DE 26i. LOG City to the castime, date	PERFOR  1 YES 2  PET (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	CURED  or Rural I	AMALABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Route Number,			
PART II. Other eignification  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   2   Accident 3   Suicide 6   4   Homicide  29e. CERTIFIER (Check only 2   MED  29b. SIGNATURE AND TITLE	SE CONTI O MEDICAL  Pending Investigation Could not be determined CIFYING PHYSI CAL EXAMINE OF CERTIFIEF	DUE TO  d.  e contributing to  e contributing to  HOSPITAL: 1 // Inpetient 2 (  28e. DATE OF (Month, f)  26e. PLACE Of building.	(OR AS A CON  death but no  AUSE OF D  28. P  ER/Outpatient  INJURY  Noy, Year)  Thy knowledge examination end	EATH YI LACE OF DEA  28b. TIN thome, ferm,	In the un  ES	NO L	g ceuse gl  UNCE  10 5 Res  10 PR AT	NO NO and due	6 Other 26d. DE 26i. LOG City to the castime, date	PERFOR  1 YES 2  PET (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	cured or Rural I	AMALABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Route Number,			

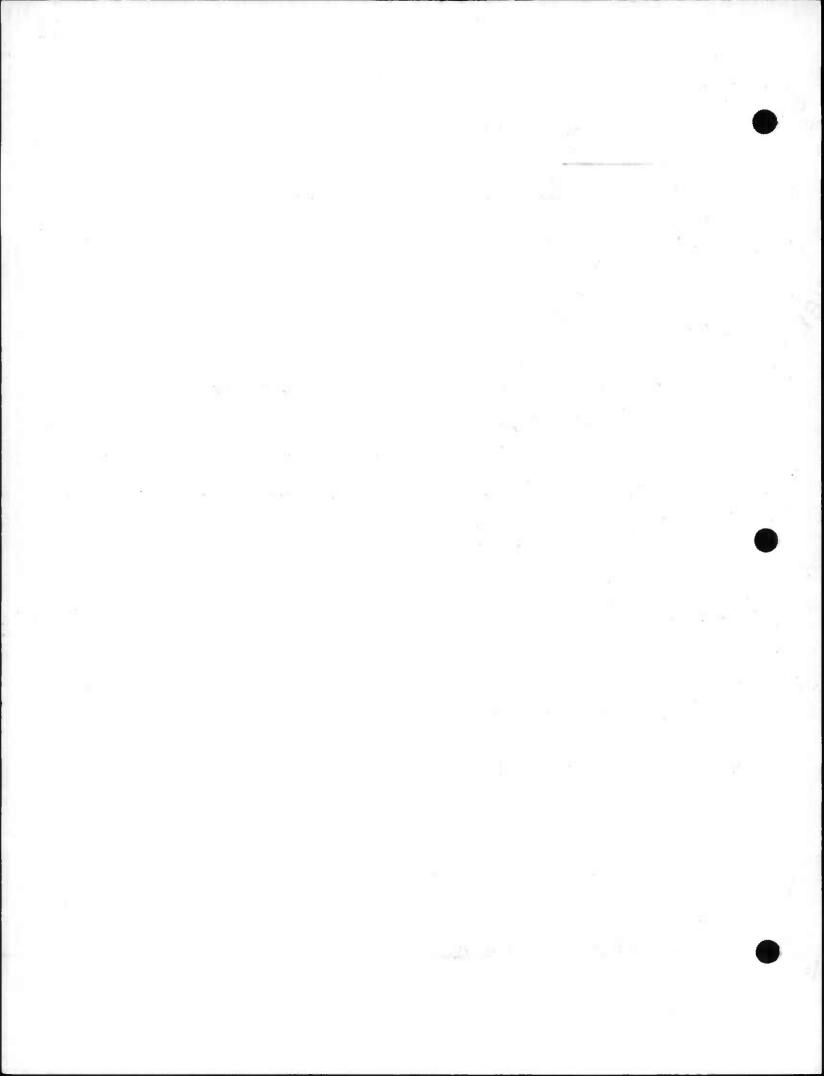
1 - FOR STATE (

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - REGISTRAR		CER	TIFICATE C	F DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	YI	3. TIME OF DEATH
		Bernice	Jega				Nou	1. 25	_	
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest bir	thday) IF UNDER 1 YEA		7. DATE OF (Month, D.		8.	BIRTHPLACE (State or Foreign Country)
P		-216-01-5965D	1 🗆 M 2 💢 F	77	YRS.		AUG.		1917	MD
should	~	9e. FACILITY NAME (If not Institution, give	23 1			N OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
. 2. 3	힏	RESIDENCE OF DECEDENT	ospital c	aprile	RANI	DALLSTOWN			BA	LTIMORE
Pages 1	DIRECTOR	10s. STATE 10b. COUNT	Υ	1	Oc. CITY, TOWN OR LO	CATION			-	10d. INSIDE CITY
.E	5	MD			BALTIM	ORE				1 YES 2 NO
permit.	AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
n. ansit	FUNERAL	6401 APOLLO D	RIVE APT. (	2		21209			U	SA
020 physician. burial-transit	2	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISPAN , specify Cuben, Maxica			r No- 14.	RACE — American Indian, Black, White, etc.
ing ph	ВУ	3 2 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 X NO Specify		rt, etc.)		Specify:
as as	ED	15. DECEDENT'S EDU	JCATION	16a, DECEC	DENT'S USUAL OCCUP	ATION	16h KII	ND OF BUSIN	NESS (INDICE)	WHITE
or att	ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give I	kind of work done during NOT use retired.)	most of working	100. Kil	AD OF BUSIN	IESS/INDUS	N
	PL	12	Consign (Ind or 5 +)		HOUSEWIFE	${f E}$		AT H	IOME	
YLAND 2- by the hospital or be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	de, Maiden Su	ımame)	
d be	BE (	LOUIS EPSTEIN				LENA	ASHMA	AN		
MARYLAND retained by the hospit 5 should be detached notified at once.	10	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRESS (Stre	et and Number or Rural i	Route Number,	City or Town,	State, Zip Coo	de)
2 8 9	-	MRS. MARSHA SI	LVERMAN	39	914 CARTHA	AGE RD, RA	NDALLS	NWOTE,	MD	21133
M > @ -		20s. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State		DATE OF DISPOSITION ory or other place)	(Nama of	DATE	20c. LOCA	ITION — City	or Town, State
BALTIMOR er death. Page 6 mar the funeral director, page 1.		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		ANSHE F		CZ CHAIM		94 P	ALTIM	ORE, MD
ALTIN death. Pag tuneral di		21. SIGNAL ONE OF POWERAL SERVICE EN	The state of the s		SOI	LEVINSON	& BRC	)S., I	NC.	
BA after de by the fu moval.		Sex	n Gen	no						ORE, MD 21215
in the		23. PART I. Enter the diseases, pr shock, or heart failure.	complications that cause on	ad the death each line.	. Do not anter the	moda of dying, auc	h aa cardlad	: Dr reapira	tory arrest	Approximata interval Batween
E 9 ≡		IMMEDIATE CAUSE Final disease or condition	0 1 1	^	72	٨				Onset and Death
6 E B F +		resulting in death)	a. Hout	youn	rup Hun	Mose				of min
N 8 5 - 6	_		ASC VY	A CONSEQUE	NCE OF):					
B " D E	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUE	NCE OF):					
BOX ficate be en physician ne prior to	S	cause. Enter UNDERLYING	C.							
. 4 0 2	E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUE	NCE OF):					
O = 5 = 0	ER	reaulting in death) LAST	d							
ORDS, F that the death ed by the atter th and Mental any Injury, o		PART II. Other aignificant sondition	ns contributing to death	but not reau	ulting in the underl	ying cause given in	Part i. 24	la. WAS AN AL	UTOPSY	24b. WERE AUTOPSY FINDINGS
ORDS, s that the de ned by the a lith and Mem any injury	DICAL	Chin	ii renal of	arlur				PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	MED			1			—   '	YES 2 E	₹NO	OF DEATH?
- > Q -: .	2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE	OF DEATH	YES   NO				1 YES 2 NO
12 6 8 E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	. PLACE OF DEATH (Ch	eck only one)	_		
F VITA SICIAN: The certificate h the State I the State I or Item	S	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   PER/Ou	rtpatient 3 🗌	DOA 4 Nursing I	fome 5 - Residence	8 Other (S	ipecify)		
OF V PHYSICIA this certif with the rked, or	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		8b. TIME OF 28c.	INJURY AT WORK?	28d. DESCR	IBE HOW INJ	URY OCCUR	ED
ON OI DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
Q 5 € 5 m	ED	3 Suicide 8 Could not be detarmined	26s. PLACE OF INJUF building, atc. (Sp	RY — At home, pecify)	term, atreet, factory, o	office	28t. LOCATIO	ON (Street and fown, State)	d Number or F	Bural Route Number,
DIVIS OR ATTE DIRECTOR hours afte	<b>=</b>									
로 되었는	COMPL		ICIAN: To the best of my kno							
HOSPITAL FUNERAL within 72 h	ō I	2 MEDICAL EXAMINI	ER: On the basis of examinat	ion and/or inve	atigation, in my opinio	n, death occured at the	time, data and	d place, and o	dua to the ca	use(a) and manner as stated.
TO THE HOSPITI TO THE FUNERA De filed within 7 IMPORTANT: I	BE	296. SIGNATURE AND TITLE OF GERTIFIE	R			29c. LICENSE NUM	MBER	2	29d. DATE Sy	GNED (Month, Day, Year)
2 2 3 <b>2</b>	6	me Her	מוא			210	1054		<u> </u>	26/94
/		30. NAME AND ADDRESS OF PERSON WE	FAT M			2 (4.10)	Resp	· )	2 7 11	2 allo Me
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		TUUO OLE	COURT	LON P	Jv (/	p W L	- B. auros y
	5	MOV 9 0 4004	A. O. O. O.	- VALVAGE						400

.6

DHMH-16 Rev 1/89



3. TIME OF DEATH

12:03

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

WHITE

Ala.

1 - YES 2 NO

35079

Approximete

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO

1 - YES 2 - NO

COMPLETION DF CAUSE

interval Between

**Onset and Death** 

ALABAMA

PM

REG. NO

ITEMS: 1.18.20c, PER F.H. FILM G-717 11/29/94 t.t. 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SHARON S. SHARON J. SHARITT FISHER NOV.25, 1994 4. SOCIAL SECURITY HUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1 M 2 418-96-0807 YRS. NOV.28,1960 permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SHOCK TRAUMA UNIT BALTIMORE RESIDENCE OF DECEDENT 10b. COURTY 10c, CITY, TOWN OR LOCATION MARYLAND MONTGOMERY FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g, CITIZEH OF WHAT COUHTRY? hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 1229 SPENCERVILLE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho-BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 HO Specify: 1 Never Married 2 Married B≺ 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade comple 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY COMPLET College (1-4 or 5+) 12 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) 7 JAMES H. SHARITT GAYLE L. FLYT GAIL L. FLYNT BE notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILIHG AOORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JAMES H. SHARITT Jessica's Mountain Rd. Hayden, pe 20s. METHOD OF DISPOSITION
1 Surfel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 11/28 CALCEDONA CEMETERY 34+472 medicai examiner 21. SIGHATURE OF FUHERAL SERVICE LIGHNSEE 22. NAME AHD ADDRESS OF FACILITY GARY L. KAUFMAN FUNERAL HOMES 5695 MAIN ST. ELKRIDGE, MD 21227 completely filled in by the 23. PART I. Enter the diseesea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory street, ehock, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Fine) the cremation, disease or condition\_ SHOKE THATLATION DND THOMAS THOMY reculting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): burla! CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING prior to the attending physician if Mental Hygiene prior to CAUSE (Diseese or Injury injury, or other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AH AUTOPSY een signed by the PERFORMED? shows any 1 NES 2 HO this certificate has been with the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL OTHER: 1 X YES 2 NO f∑ Inpetient 2 ☐ ER/Outp 4 - Hursing Home 5 - Residence 8 - Other (Specify) 0 27. MAHHER OF DEATH 26b. TIME OF IHJURY 28a. DATE OF INJURY 28c. IHJURY AT WORK? 20d. DESCRIBE HOW IHJURY OCCURED marked, 1 Natural 5 Pending 24 1400SE PINE M 1 YES 2 HO BY death 2 Accident DIRECTOR: After 28s. PLACE OF IHJURY — building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 3 Sulcida ETED 8 Could not be after 4 Homicide 2295 PENCER ULUS. MORTGOTHING CO TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTOR
DE filed within 72 hours at
IMPORTANT: If Item 21 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the COMPL 2 XMEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. AJGNATURE AND TITLE OF CENTIFIER 29c. LICEHSE NUMBER 29d. OATE SIGNEO (Month. Day. Year) BE nto Jone L 2 OCME NOV. 30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 Doysay TO Wath Mp 111 Penn Street, Baltimore, Maryland

32 REGISTRAR'S SIGHATURES

della

31. DATE FILED (MONTH, Day, Year) 1994

1994

26.

My

3. TIME OF DEATH

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE OF DEATN?

interval Between

Onset and Death

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

Pages 1, 2, 3 should permit. signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. 늄 notified pe must medicai examiner the P event. traumatic or other shows any this certificate has been with the State Dept. of I item 23 6 28 is marked, After OIRECTOR: / TO THE HOSPITAL OR AT TO THE FUNERAL OIRECT be filed within 72 hours a IMPORTANT: If Item 2

DIRECTOR

FUNERAL

ВУ

ED

FT

COMPL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

ITEMS: 6.7.9a, PER F.H. FILM G-717 11/29/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE .1. CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MI S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1958 DAYS 1 M 2 36 YRS. april 6.19949b. CITY, TOWN OR LOCATION OF GEATH

76:10 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 212-60-7412 Maryland 9a. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH John Hopkins Bay View Hop HOSPITAL Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore t 🗌 YES 2 🔀 NO Catonsville 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 910 Southridge Rd 21228 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TES 2 NO Specify: 3 Wildowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only high Elamentary/Secondary (0-12) College (1-4 or 5+) 12 Store Manager Shoe Town 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname)

Stanley G. McCumbers Orva Gay Rogers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

910 Southridge Rd., Catonsville, MD 21228

Dale L. Snyder 20a, METHOO OF OISPOSITION
1 A Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Dulaney Valley Cemetery11/28 4 Donetion 5 Other (Specify) Timonium. 21. SIGNATURE OF FUNERAL MENVICE CICENSES

22. NAME AND ADORESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, MD 21227

23. PART t. Enter the disease a, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finei

ery thema tosus disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Stemic

Sequentially liet conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause, Enter UNDERLYING

CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST

PART II. Other aignificant conditione contributing to death but not resulting in the underlying cause given in Part i.

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one EXAMINER? HOSPITAL:

1 Inpetient 2 ER/Outpetient 3 DOA Nursing Nome 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b, TIME O 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural

(Month, Del, Ven)

Sea. PLACE OF INJURY — At home, farm, street, factory, office 1 YES 2 NO 2 Accident Investigation Sulcide 8 Could not be determined 4 Nomicide

29e CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner es stated.

2 MEDICAL EXAMINER: On the besis of examinstion end/or investigation, in my opinion, death occurad at the time, date end place, end due to the cause(s) end menner as stated. 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year)

31. OATE FILEO (Month, Day, 1994 72. REGISTRAR'S SIGNATURE NOV 2 9

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24s. WAS AN AUTOPSY

1 YES 2 NO

PERFORMEO?

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM g-719 1/23/95 t.t

ITEM: 1. & 20b, PER F.H. FILM G-717 11/29/94 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WAYNE WAYNE VICTOR SANCHUK 25 SANCHUCK NOV 1994 5:27P A SOCIAL SECURITY NUMBER S SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Feb. 14, DAYS 1 💢 M 2 🗌 F 36 YRS 218-72-2425 1958 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4817 Pennington ave. Baltimore City. 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 📉 YES 2 🗌 NO 10a, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 21226 4817 Pennington Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? t YES 2 100 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yan or No-14. RACE — American Indian, Bleck, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: White 18e. DECEDENT'S USUAL OCCUPATION

Work done during most of working 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Spec (Give kind of work done life. Do NOT usa retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Carpenter Home Improvements 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Harry Sanchuk Marian Hannahoe 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 211 Murgate Lane Owings Mills, MD 21117 Mr. Robert Sanchuk 20s, METHOD OF DISPOSITION
t (X Burlal 2 | Cremation 3 | Ramoval from State 20b. PLACE AND OATE OF DISPOSITION (Name of DULANEY sther place)

DULANEY valiey Memorial 11/29/94 20c. LOCATION — City or Town, State Timonium, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the dieceses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Retween IMMEDIATE CAUSE (Final Onset and Death disease or condition SEIZURE DISORDER recuiting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially flat conditions. OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 | NO 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 XYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 [X Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF FOUNQURY 5:15 P M 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural FOUND: 11-25-94 1 YES 2 XXNO UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rurel Route Number, City or Town, State) 817 PENNINGTON AVE. BALTIMORE CITY, MARYLAND 3 Suicide 8 (X)(Could not be 4 Homicide FOUND: HOME 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(a) and menner ea stated 2 🔀 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 10 O.C.M.E. ▶NOV 26, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BOX 68760 o. DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

Pages 1, 2, 3 should

permit.

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit

funeral director, page 5 should be

Раде 6 тау be BALTIMORE.

hours after death.

that the death certificate be executed within

requires

the

completely filled in by the

to burial. traumatic

and

attending physician prior

the

been signed by the

to

Dept. 23

the 0

After t

DIRECTOR: after item 28

hours

has 1

MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE notified

2

once.

To

be

must

examiner

medical

the

event,

other

6 Mental injury,

shows any

Пеш State certificate

marked, this c

40

2

CERTIFICATION

MEDICAL

PHYSICIAN: BY COMPLETED

> KORFUM 111 Penn Street, Baltimore, Maryland 21201. Drum

M. REGISTRAR'S SIGNATURE

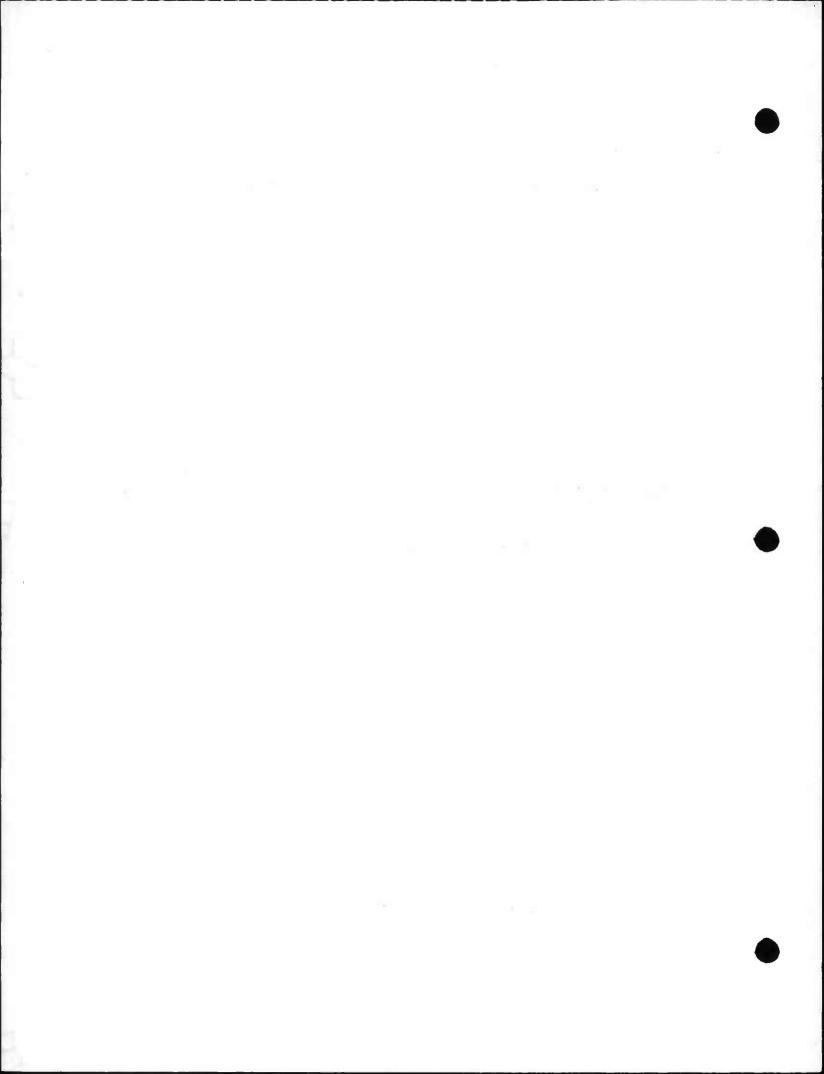
DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a final death, Page 6 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

HANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN				
- 5	1. DECEDENT'S NAME (First, Middle, Lest) ANNA  SCIESZKA  2. DATE OF DEATH MONTINOV 27 1994 YEAR									
į	4. SOCIAL SECURITY NUMBER 220-03-1405	1 🗆 M 2 💢 F	AGE (In yrs. lest birthdey) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 - 29 - 19	16 MA	RYLAND		
OR	9a. FACILITY NAME (If not institution, give st Saint Joseph Hosp				BON, Mary		9c. COUNTY OF			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	,		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 16 N. CURLEY S	•	101	21224		109. CITIZEN OF WHAT COUNTRY?				
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 X NO	If yes, sp	ENDENT OF HISPAN acify Cuban, Mexica 2 XNO Specify	a or No— 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  LABORER  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  LABORER									
COM	17. FATHER'S NAME (First, Middle, Last)	T 1/			- 11.	ME (First, Middle, Maiden				
BE	LUDWIG SZYMAN:  19a. INFORMANT'S NAME (Type/Print)	LK	19b, MAILING	AOORESS (Street a	CATHER:	INE WIEC	OREK			
2	MR. LOUIS SCIES	SZKA				TO. MD.		»)		
	1 Donetion 5 Other (Specify)			OF DISPOSITION (NO	me of H		CATION — City or T	own, State		
*** HAME AND ADDRESS OF FACILITY FUNERAL HOME  2525 FLEET ST. BALTO. MD. 21										
	23. PART i. Enter the diseases, or complications that ceuead the deeth. Do not enter tha mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one ceuee on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  BMALL CELL CA OF LUNG  DUE TO (OR AS A CONSEQUENCE OR):									
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease of injury that initiated evente resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (	PART II. Other eignificent condition	s contributing to dea	ith but not resulting i	in the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	O. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
N	DID TOBACCO USE CONTR	RIBUTE TO CAUS			UNCERTAIN	V 🗆				
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF OEAT	OTHER:	I ama St. 20					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJU	JRY 28b. TIM	E OF 28c, INJ	RK?	6 U Other (Specify)  28d. OEŞCRIBE HOW II	NJURY OCCURED			
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IN. building, atc.	JURY — At home, term, a (Specify)		281. LOCATION (Street & City or Town, State)	et and Number or Rural Route Number, ate)				
COMPLET			knowledge, death occurre					s) end manner as stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		Z	Ro	29c. LICENSE NUM		29d. DATE SIGNEO (Month, Day, Voar)			
9	30. NAME AND ADDRESS OF PERSON WHO									
	31. DATE FILED (Month, Day, Year)	32. GISTRAR'S	SIGNATURE							



A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerhours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and the reads with the State Debt. Of health and Mental mygneric prior to buttat, cretifiation, of refindad.  It is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	LINRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	months after operative in the State Dept. or relatified management prior to buside, Chematons, or removas, in the management of the marked, or them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examine

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH 3. TIME OF DEATH												
	DELORES WILLIAM	1							NOA	EMBER ™	27 19	94 2	:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.	(Moi	E OF BIRTH nth, Day, Year)	1	6, BIRTHPL Country)	ACE (State or Foreign
	217-40-9283  9e. FACILITY NAME (If not institution, give s:	1 M 2 F	51	YRS.						16, 19		Virg	
Œ			ΤΛΙ				R LOCATION	CITY			9c. COUN	TY OF DEAT	гн
E	THE JOHNS HOPKI		BALTIMORE CITY										
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN		ION					10	Id. INSIDE CITY LIMITS?		
	Maryland		Bal	ltimore 1K YE						X YES 2 □ NO			
RA	5626 Greenhill	Arronico					ZIP CODE						AT COUNTRY?
FUNERAL	11. MARITAL STATUS Separate	12. WAS DECEDEN	T EVER IN U.S. ARM	MED	13.		21206 ENDENT 0		VIC ORIG	IN? (Specify Yee	U.S.		American Indian
	1 Never Merried 2 Merried	FORCES? 1	TES 2 VIN	0		If yes, spi	2 X NO	n, Maxica	n, Puerto	Rican, stc.)		Black, W Specify:	American Indian, Vhita, etc.
m   3   Widowed 4   Divorced   White									White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 9 th  17. FATHER'S NAME (First, Middle, Last)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMARY  16e. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  HOMEMARY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY  16e. KIND OF BUSINESS/INDUSTRY												
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)  9th  Homemaker  Own Home												
8	9En Homemaker Own Home  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Sumerne)												
B	Raymond L. Branham Sr. Helen F. Morris												
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Raymond L. Brannam (Brother)   4512 Arizona Avenue, Baltimore, Md. 21206  200. METHOD OF DISPOSITION  1. Burlai 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  220. PLACE AND DATE OF DISPOSITION (Name of cemetery cremetory or other place) Oak Lawn Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  222. NAME AND ADDRESS OF FACILITY  Schimunek Funeral Home													
										aryranu			
										21213			
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approxi											Approximate		
	IMMEDIATE CAUSE (Final												Interval Between Onset and Death
	disesse or condition resulting in dasth)  Sepsis  DUE TO (OR AS A CONSEQUENCE OF):										I week		
	s. Sequentially list conditions.  Due to (or as a consequence of):  Circhosis  Lyeur												
NO.	Sequentially list conditions,	-	(OR AS A CONSEO	UENCE O	F):								yeur
CAT	If sny, lasding to immediate cause. Enter UNDERLYING	c.											ļ
TIE	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
CAL	PART II. Other significant condition	s contributing to	death but not ra	sulting	In the ur	ndarlying	causa ç	jiven In	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
										PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME													□ YES 2 NO
Ä	DID TOBACCO USE CONTE	RIBUTE TO CA					. UNC	ERTAI	И□				
PHYSICIAN: MEDI	25. WAS CASE REPERHED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐ 'NO	HOSPITAL:	26. PLACE		OTHE	₹:							
HYS	27. MANNER OF DEATH	28e. DATE OF		28b. TIM	E OF	28c. INJ	URY AT	eldence		er (Specify)	JURY OCCL	JRED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	áy, Year)	INJ	URY		RK? 'ES 2	] NO					
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At horr etc. (Specify)	ie, farm, i	street, fact	ory, office			28f. LO	CATION (Street e	nd Number o	r Rural Rout	e Number,
	4 Homicide determined												
COMPLETED	29e. CERTIFIER (Check only one)												
8	one) 2 MEDICAL EXAMINE		camination and/or in	rvestigstio	n, In my c	pinion, de	esth occur	ed at the	time, dat	e end plece, end	due to the	cause(a) an	nd menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 mt				I	29c. LICE				29d. DATE	1	onth, Day, Year)
70	30. NAME AND ADDRESS OF PERSON WHO			27) (Tvpe	Print)			m36	000		- 10	リノナー	14
	Paul Daniels					kins	(tos)	p.tal	R	64 Himune	m	any lung	1
ı	NOV 2 9 1994	32. REGISTRA	A RONALL						,	-		-	

9-94 <b>ST</b>
11
5. SE

, per F.H., dr ATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			E OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	JESSE SMITH	1 - 1			YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-01-4549	5. SEX 6. AGE (10 yr	s. last birthday) F UNO YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	11 20 /	BIRTHPLACE (State or Foreign Country)
9a. FACLITY NAME (If not institution, give a	treet and number)		TY, TOWN OR LOCATION OF E		Y OF DEATH
10a. STATE 10b. COUNTY	Υ	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
109 STREET AND NUMBER	ount st.	1000	101. ZIP CODE	3 10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	S. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 D NO Spec	can, Puerto Rican, etc.)	4. RACE — American Indian, Black, Whita, etc. Specify: Slack
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16: completed) 16: College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	AMPCICAN	standard
17. FATHER'S NAME (First, Middle, Leet)	nith		18 MOTHER'S N	AME (First, Middle Maiden Surname).	
190 INFORMANT'S NAME (Type/Print)  A Det L.	Brock	19b. MAJLING ADDRE	ss (Street and Number or Rura	PROUTE Number, City or Town, State, Zip Co	
20a, METHOD OF DISPOSITION   Qurial 2 Cremation 3 Ram   Donation 5 Other (Specify)	oval from Stata 20b-PL cometer	ACE AND DATE OF DISP		DATE 20c. LOCATION - CI	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE DE TOME	A Misson 2	2. NAME AND ADDRESS OF F	ACILITY March Funeral I	Home-West; 4300
Sequentiely list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Obsesse or injury that initieted eventa resulting in death) LAST		DALUM NSEDUENCE OF: VASCULAR	1	Recurrent	Onset and Des
PART II. Other significent condition	ns contributing to deeth but i	not resulting in the	underlying ceuse given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l arti	26. PLACE OF DEATH (C	Sheck only one)	
1  YES 2  100  27. MANNER OF DEATH  1  Netural 5  Pending	1 Dinpetiant 2 ER/Outpetia 28a. DATE OF INJURY (Month, Dey, Year)	OTHI	28c. INJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCU	URED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	26s. PLACE OF INJURY — At home, farm, street, tac building, atc. (Specify)		t YES 2 NO  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
				us to the cause(s) and menner as stated the time, data and place, and due to the	
296, SIGNATURE AND TITLE OF CERTIFIE		4 EDICALS	TAFF 29C. LICENSE N		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF DEATH	A 11	ospital, 2	000 W.Baltimores	BALT.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wind now after death. Page 6 may be retained by the hospital or attending physician.

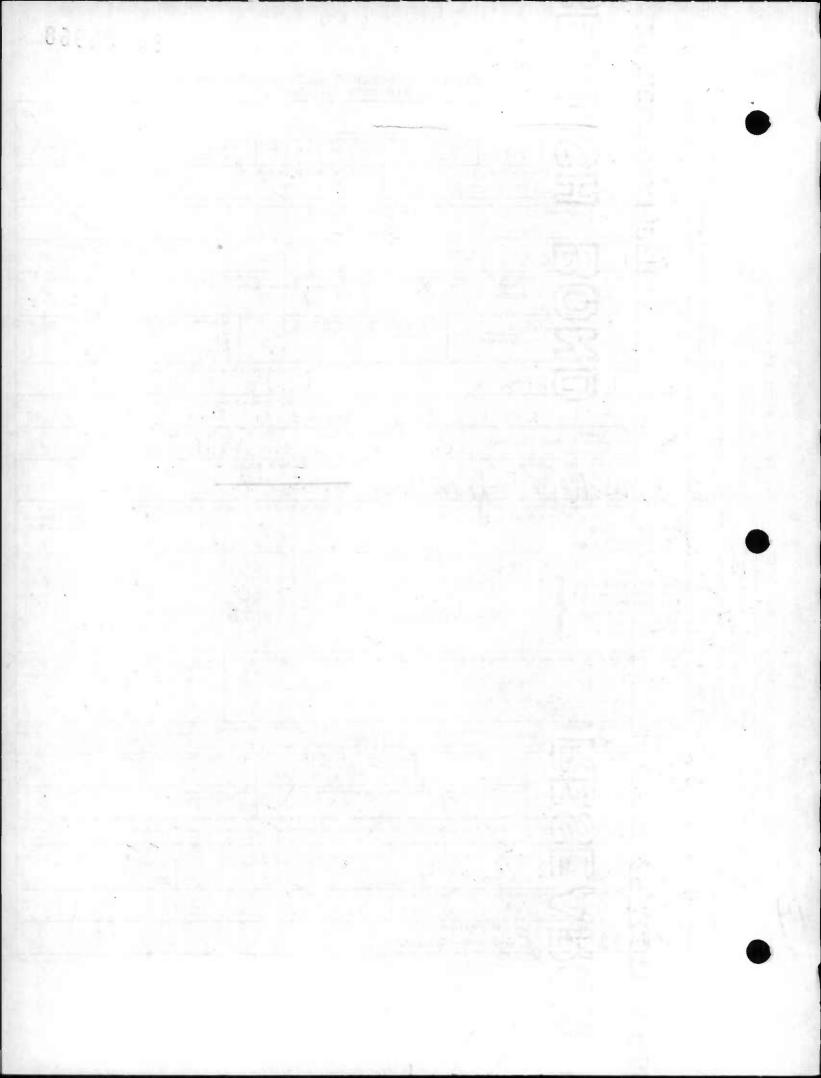
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



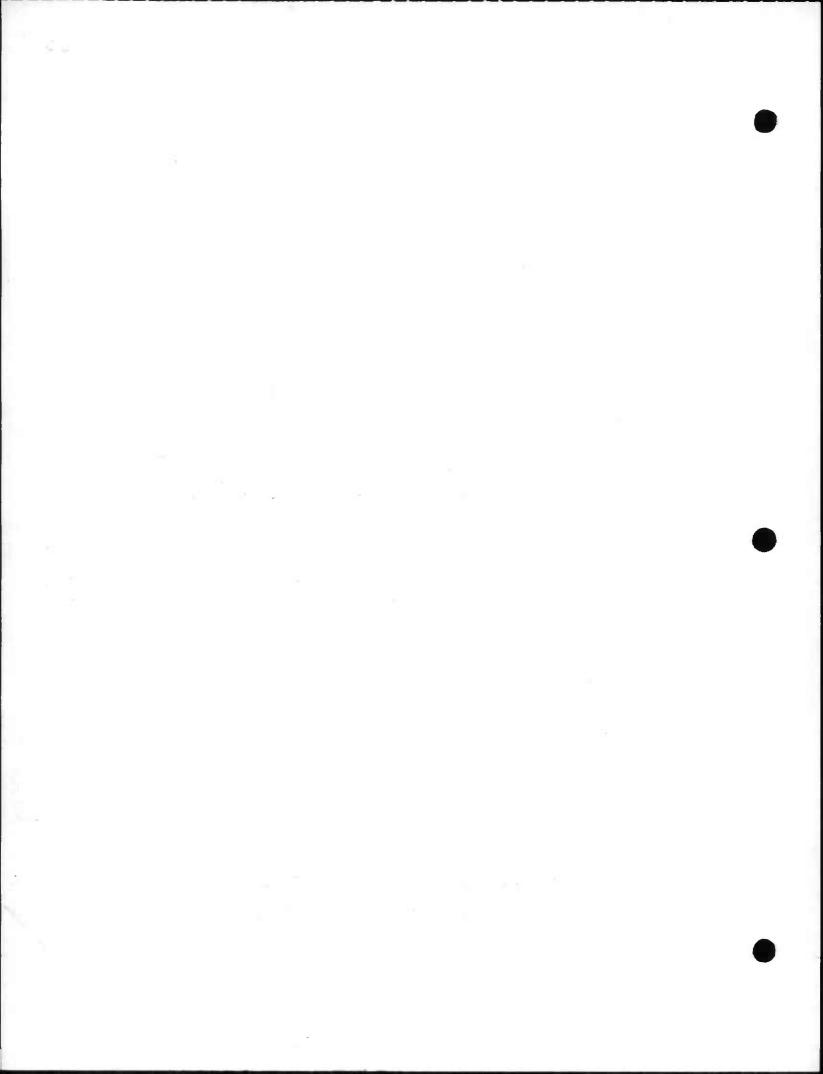
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

BACTIMONE, MANICAND ZIZI3-0020	rSICIAN: The law requires that the death certificate be executed within	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation

FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ERIIF	ICALE	: OF D	EAIH		REG. NO			
	1. DECEDENT'S NAME (First								2. DATE	OF OEATH	AY	YEAR	3. TIME OF DEATH
	Katherine	Eliza	abeth S	abelha	aus				Nov		199		9:35p M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR   IF	UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
	217-90-40	57	1 □ M 2 □ F	16	YRS.	MONTHS	DAYS HO	URS MIN.		h, Day, Year)	0=0	Countr	(Y)
	9e. FACILITY NAME (If not in		A			01 0174	T01101 00 11			.16,1			yland
000								OCATION OF D	DEATH		9c. COU	NTY OF D	EATH
2	1359 Rosal	nna Di	rive		_	_Ode	enton				Ann	e A	rundel
	10e. STATE	10b. COUNTY	1		10c CIT	Y TOWN O	R LOCATION						10d, INSIDE CITY
DIRECTOR	MD	Anne	Arunde	1		ento						l	LIMITS?
	10e. STREET AND NUMBER												1 TYES 2 THO
FUNERAL		- D	_ •				10f. ZiP	1.700			10g. CIT	IZEN OF V	VHAT COUNTRY?
ΙΨ	1359 Rosar	ina Di					21	113				USA	
5	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S.	ARMED	13. V	WAS DECENDE	ENT OF HISPA Cuben, Mexico	NIC ORIGII	N? (Specify Ye	e or No-	14. RACE	— American Indian, k, White, etc.
B	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE		20			NO Specia		riiceni, atc.)		Speci	
	J WOODES T DIKE	1000						1211					MILLE
COMPLETED	15. OEC (Specify onl	EDENT'S EOU y highest grade	CATION completed)		Give kind of	work done d	CUPATION turing most of	workina	168	KIND OF BU	SINESS/INC	DUSTRY	
Ш	Elementery/Secondary (		College (1-4 or 5	+)	ife. Do NOT u	se retired.)			- 1				_
- Q	19			S	tude	nt				Hig	h Sc	hoo.	1
	17, FATHER'S NAME (First, M						18.	MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
examiner must be notified at once.  TO BE COM	Thomas Pau	ıl Sal	pelhaus				E	mily	Eli:	zabet	h Be	hre	ns
8	19e. INFORMANT'S NAME (	ype/Print)			19b. MAILING	ADORESS		umber or Rural					
2	Emily E. S	Sabell	naus										21113
2	20e. METHOD OF OISPOSIT	ION		20h PLAC			TION (Name or		DAT		CATION —		
T SE	1 Burlel 2x Cremetic 4 Donetion 5 Other	n 3 🗆 Remo	oval from State	cemetery, c	rematory or o	ther place)							2 (1954)
	21. SIGNATURE OF SUNGAL		rater a	Metr	o Cr			DDRESS OF FA	11	25	Balt	imo	re, MD
Ē	1	1/	1 /	///				ty Fu		al Ho	me.	РΔ	
	Dala	it of	Um	dell		112	Rid	aelv	Ave	Ann	apol	ic	MD 21401
Hedical	23. PART i. Enter the d	seases, or c	omplications the	t caused the	daath. Do i	not antar	tha moda c	f dying, auc	ch aa can	diac or reap	ratory an	rest.	Approximata
Ē	ahock, or h	aart failura.	List only one car	ise on aach ili	na.					1.00	200.00	G EST	intarvai Between
2	IMMEDIATE CAUSE (Final disease or condition   Respiratory Failure   3 Wks.								i				
event,	resulting in death)	~		(OR AS A CONS			re						3 Wks.
						•	T F .		_				ongoing
N O	Sequantially list condit	iona,		domon			THIE	ection	n				5 yrs
SATION	if any, leading to Imma cause. Enter UNDERLY		Cyst	OR AS A CONS	oros:	is S							Since
2	CAUSE (Disease or inju		C										birth
TIFIC	that initiated events resulting in death) LAS	,	DUE 10	(OR AS A CONS	EOUENCE O	-):							
CERTIFICATION			d		-								
	PART ii. Other aignifica	nt condition	s contributing to	death but not	resulting	in the uni	teriving car	ree civen in	Port I	24a, WAS AN	ALITTOROV	1045	WERE AUTOPSY FINDINGS
EDICAL			Mellitu		roudining	iii tire uiii	Jonymy Ca	noa Aisaii ili	Tall I	PERFOR		290.	AVAILABLE PRIOR TO
	DIAD	eces	метттсс	15					_	1 TYES 2	NO 🔀		COMPLETION OF CAUSE DF DEATH?
W W					_								1 YES 2 NO
PHYSICIAN: M	DID TOBACCO U		RIBUTE TO CA					INCERTAI	N 🗆				
YSICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	26. PL	ACE OF OEA								
S	1 TYES 3KT NO		1 Inpatient 2	ER/Outpatient	3 DOA	OTHER		Residence	8 🗆 Othe	r (Specify)			
<u> </u>	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM		28c. INJURY	AT	28d. DE	CRIBE HOW I	NJURY OC	CURED	
BY PH		Pending Investigation	(Month, L	ray, rear)	INJ	URY M	WORK?	2 NO					
	2 Sulate		28e. PLACE C	F INJURY — At I	home, farm,	street, facto	ry, office		28f. LOC	ATION (Street	and Number	or Rural F	Toute Number
TED TED		Could not be determined	building,	etc. (Specify)					City	or Town, State)	e tilice		
COMPLETED	29e. CERTIFIER								_				
DE COMPLE	(Check only		CIAN: To the best of										
į Š	2 MEDI	CAL EXAMINE	R: On the beele of e	xamination end/o	r Investigatio	n, in my op	elnion, death	occured at the	time, date	end plece, an	d due to th	e ceuse(e	) end menner ee stated.
E M	296. SIGNATURE AND TITLE	OF CERTIFIES					290	LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
BE C	Bull	JK	arent	on			[	0970	1				22/94
트 P	30. NAME AND ADDRESS OF			SE OF OEATH (IT	EM 27) (Type	Print)							
			stein,				pkins	Hos	oita	1, Ba	ltir	nore	,MD 21287
													7-10-01-01-01-01-01-01-01-01-01-01-01-01-
	31. DATE FILED (Month Pay		132. REGISTRA										,,,,,



Item 20b, g-717, 11-29-94, per F.H., dr

STATE REGISTRAR

1 -

Hed-CxArmer 11/28/89

Heard ly

1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 28 1994 Edwin Wenceslaus Svehla NOV. 12:15 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH July 07, 215-14-9341 1 📉 M 2 🗌 76 YRS. 1918 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7708 Middlesex Place DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland Baltimore 1 TES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7708 Middlesex Place 21234 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 📉 Widowed 4 🗌 Olvorced 2 WW II White MALETED 15. DÉCEDENT'S EDUCATION (Specify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Electrical Technician Television Station 17. FATHER'S NAME (First, Middle, Last) MARYLAN 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ 6 B Ħ Francis Svehla BE Frances Conrad retained t funeral director, pages 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan Ann Svehla 11515 Hannibal Road Glen Arm, MD 21057 \* 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Metro Crematory, Inc. Baltimore. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MCOMANO the medical examiner 22. NAME AND ADDRESS OF FACILITY
Cremation Society of Maryland, Inc. Dawn F. McDonald 299 Frederick Rd. Baltimore, MD 21228 completely filled in by the 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximete shock, or heert failure. List only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death prior to burial, cremation, disease or condition injury, or other traumatic event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION attending physician and Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury has been signed by the attending phy Dept. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II Other significent conditions contributing to death but not resulting in the underlying cause given meant i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Neah. AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TES 2 NO OF DEATH? lusion 1 YES 2 NO DID TOBAÇÃO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN OR ATTENDING PHYSICIAN: The law 23 L OR ATTENDING.

L DIRECTOR: After this certificate has be a property of the State Dept of the State Dept of the state Dept of the state Dept of the state Dept of the state Dept of the state of the st 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 2Sc. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Nov. 28, 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) -OSTER Ave

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

. 

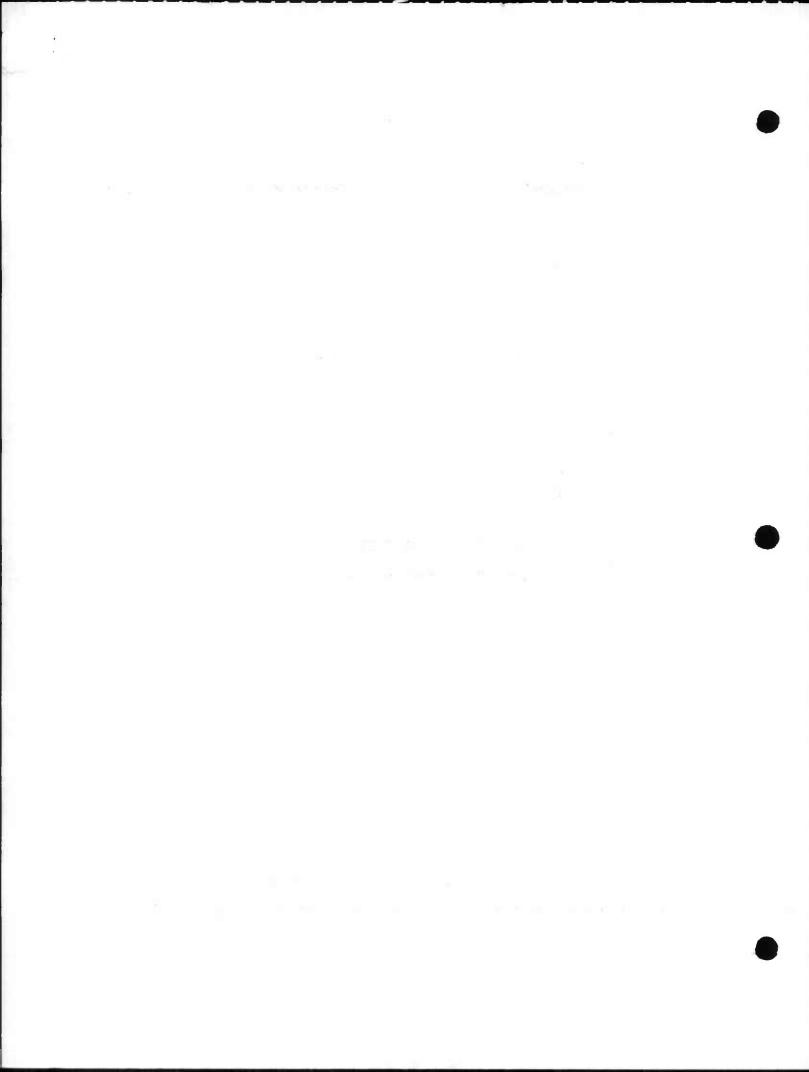
Ļ	
0	
9	
8	
Ö	
BOX 6876	
0	
m	
0	
0	
, P.O. B	
RECORDS,	
ď	
Ō	
ŏ	
ш	
œ	
_	
7	
TAL RI	
_	
>	
L.	
0	
_	
$\leq$	
INISIC	
7	
$\equiv$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

MIMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	IEALTH AND	MENTA	L HYGIENI REG. NO.	E		
-	1. DECEDENT'S NAME (First, Middle, La JOSEPH	T'S NAME (First, Middle, List)  2. DATE OF DEATH  3.						1:20 pm		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	. 8	BIRTHPI	LACE (State or Foreign
	215-05-8331	18XM2□F 76	YRS.	IONTHS DAYS	HOURS MIN.	Jan	4, 19	18	Country) New	York
œ	9a. FACILITY NAME (If not institution, given Saint Joseph Hos	,	1		OR LOCATION OF D			9c. COUNT		
ᇎ	RESIDENCE OF DECEDENT	· ·		104	son, Mary	nand		В	altimo	one
DIRECTOR	10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCA	TIDN		-		1	0d. INSIDE CITY LIMITS?
	,	timore	Balı	imore					1	☐ YES 2 K NO
FUNERAL	100. STREET AND NUMBER 2710 Burridge R	004			. ZIP CODE			_		AT COUNTRY?
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED		21234 ENDENT OF HISPAI			U.S.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 X NO	If yes, sp	ecify Cuben, Maxica 2 NO Specif	en, Puerto	47 (Specify Yee Rican, etc.)	or No 1	Black, \ Specify:	- American Indian, White, atc. White
	15. OECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATI	ON .	166	. KIND OF BUS	INESS/INDUS	TRY	<del></del>
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working					
MP		4 years	Furnace	Forema				Comp	any	
	17. FATHER'S NAME (First, Middle, Last)  Joseph Slechta				10. MOTHER'S NA			Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAIL INC. A	DDDEEC (Carret	Rose (					
임	Rosemary Kulis	(Daughter)	1		e Road,					12/
]	20a, METHOD OF DISPOSITION	2	0b. PLACEAND DATE OF	DISPOSITION (N		DAIL		ATION - CIT		
	1 Burial 2 X Cremation 3 R 4 Donation 5 Other (Specify)		emetary, crematory or othe Green_Moun	t Crema	atory	1117	/23 Ba	ltimo	re.	Maryland
- 1	21. SIGNATURE OF FUNERAL SERVICE			22. NAME A	nunek Fu	CILITY				riar y daile
	Probable 194	Mary IV	/		Brehms 1			more.	ма	21213
	23. PART I. Enter the diseases, o	or complications that cause on	ed the deeth. Do no	t enter the mo	de of dying, euc	h ae cer	diec or reepir	atory erres	t,	Approximeta
	IMMEDIATE CAUSE (Finel	or risk only one dayse on	ecci inie.							Interval Batwean Onset end Death
	disease or condition resulting in deeth)	. GASTRO-INI								4 days
			A CONSEQUENCE OF):							
<u> </u>	Sequentielly liet conditione,	OUE TO (OR AS	A CONSEQUENCE OF):	LUHE						months
S S	if any, leeding to immediate cause. Enter UNDERLYING	e.								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
H	resulting in deeth) LAST	_ d								
AL O	PART II. Other significant condit	ione contributing to deeth	but not reculting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN			PERE AUTOPSY FINDINGS
							PERFORI		C	WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?
ME							·	•		□ YES 2 NO
ž	DID TOBACCO USE CON				UNCERTAI	N 🗆				
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	26. PLACE OF DEATH	(Check only one) OTHER:						
HYSICIAN: MEDIC	1 YES 2 NO	1AS Inpatient 2 ☐ ER/Ou 28s. DATE OF INJUR			e 5 Reeldence					
۱۱ ۵	Natural 5 Pending	(Month, Day, Year,	INJUF	RY WC	RK?	280. DES	CRIBE HOW IN	JUNY OCCUI	4ED	
2 Accident investigation 200 DEACE OF INHIBITY As how to the control of the contr							ite Number,			
	4 Homicide determined		өөслу)			City	or Town, State)			
COMPLET	29a. CERTIFIER (Check only	YSICIAN: To the beet of my kno	owledge, death occurred	at the time, date	and place, and due	to the cau	use(e) and men	ner se stated.		
∑ C		INER: On the basis of examinat								nd manner se atated.
шШ	29b. SIGNATURE AND TITLE OF CERTIF	FIER	0	/4 /	29c. LICENSE NUI	MBER		29d. DATE S	IGNED (M	fonth, Day, Year)
2	Naturidad	Do de L	eon, n	1-08.	D19508			<b>1</b> 1	12	2/94
	NATIVIDAD D. DE	LEON, M.D., 7	S20 YORK R		WSON, N	MRYL	AND 21:	204	7	,
	NOV 2 9 1994	July 32 Martines 18	CLASCIECT,							



S
$\overline{\Sigma}$
2
7
-
Z
4
ì
>
or
d
3
-
ni.
~
<u> </u>
0
2
=
$\vdash$
AL.
d
8
-
_

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR. After this certificat be filed within 72 hours after death with the Sta IMPORTANT. If Item 28 is marked, or lite

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

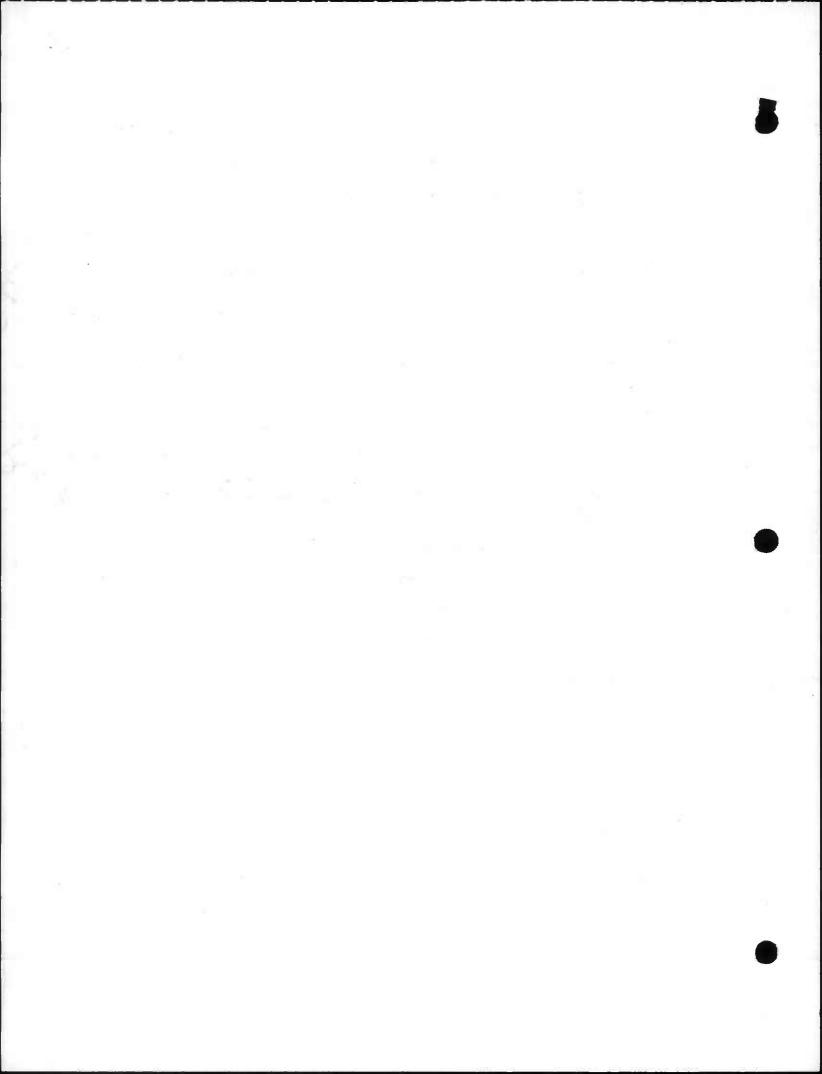
	pinous	
	3	
	1.2	
	Pages	
	ermit.	
	nsit p	
Siciar	nal-tra	
nd br	De Du	
andir	as th	
atte	use	
0	for	
e hospi	hould be detached for use as the bunal-transit permit. Pages 1, 2,	nce.
5	oe d	at o
ained b	ponid	ified a
e rei	5	e notif
a a	page	be
ge o ma	rector,	must
im. Pag	and completely filled in by the funeral di bunal, cremation, or removal.	ic event, the medical examiner
Oes	al fu	еха
arre	by th	lical
ROULS	filled in the	med
57	fille ion,	a e
ALCUIT	ompletely I, cremativ	ent,
200	comp ial, c	8
EXECT	and	natic
200	ician rior t	ושה
MCAR	phys	her
Ceu	nding Hygie	0
near	atter	5
me	y the	를
III	ed by	any
nires	is certificate has been signed by the attending physician and ith the State Dept, of Health and Mental Hygiene prior to but	ed, or Item 23 shows any Injury, or other traumatic
A Lead	t. of	sho
9	has	1 23
	State	Item
SE	the	5
2	is the	eg

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	4	41.4	/		2. DATE OF DEATH		3. TIME OF DEATH	
GENEVIEV	۷	SHU	MAN		Nov. 2	4 94	7 0430 4 4	
A	4	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	. 1	BIRTHPLACE (State or Foreign Country)	
00 1011	□M2XF 3	YRS.				63	BALTO MD.	
9e. FACILITY NAME (If not institution, give stree				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
RESIDENCE OF DECEDENT	BAYVIEL	U	BA	ito.		<u> </u>		
10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY	
MD.			BALT	0,			LIMITS?	
10e. STREET AND NUMBER				of. ZIP CODE		109. CITIZE	N OF WHAT COUNTRY?	
	TON AV	1E		212	24		U.SA.	
11. MARITAL STATUS 11  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 TYPES	U.S. ARMED	13. WAS DE If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No-	I. RACE — American Indian, Black, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		S 2 NO Specif			Specify:	
15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S 1			16b. KIND OF BUS	I SINESS/INDUS	COMILE STRY	
(Specify only highest grade cor Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	life. Do NOT use						
12		NEV	FR W	ORKED	NEVE	RW	ORKED	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
Roy Uso	AR SI	LUMAN	1			TER		
19a. INFORMANT'S NAME (Type/Print)	1.00	19b. MAILING	1	/	Route Number, City or Tow	n, State, Zip Co		
20s. METHOD OF DISPOSITION	VE	1/224		EELTOI		3447	0 21224 MD.	
1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		PLACE AND DATE O	ner place)	-	DAJE 20c. LO		y or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	127 RO						
× 110	20 N	2-	Dell	A NOC	EARSONS	FUNG	enal Home	
ame ADI	Eli Mose	T	322	SING	4 ST. BA	110	1/202 4/0%	
29. PART I. Enter the diseases, or com shock, or it art failure. Lia	t only one couse on ee	the deeth, bo no ch line,	ot anter the m	ode of dying, auc	h aa cardiac or respi	ratory arrea	t, Approximata Interval Between	
iMMEDIATE CAUSE (Final disease or condition		Tic F	1				Onset end Deeth	
resulting in death) a		CONSEQUENCE OF		10				
	PRUBA			HOSIS			İ	
Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CAUSE (Disease or Injury c		TITIS	C					
thet initieted events resulting in deeth) LAST	DUE TO (OR AS A			MAL				
d	LOLY	30/75	UAN (E	ABUS	٥			
PART II. Other significent conditions of		t not resulting in	the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS	
COAGULOPATHY	1. HEPATI	C ENTE	PHALDI	PATUY	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	/		,				1 YES 2 NO	
DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	S   NO [	UNCERTAI	V 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:	6. PLACE OF DEATH		)				
1 YES 2 NO	Inpatient 2 - ER/Outpat		OTHER: 4   Nursing Hor	ne 5 🗆 Rasidenca	8 Other (Specify)			
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	IRY W	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCUP	RED	
2 Accident Investigation	28. DI ACE OF IN HIDY	At home to the		YES 2 NO				
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specif	y)	reet, factory, offic		281. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,	
290. CERTIFIER								
(Check only 1 TING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attated.								
296. SIGNATURE AND TITLE OF CERTIFIER  RESIDENT  296. LICENSE NUMBER  29d. DATE SIGNED (Month / Day, Year)								
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	/*(*/)/ TH (ITEM 27) /7/200	C/NC	レノフケ	110	- 11	127/74	
SUSAN L. BUR	GERT, MD	4940	EASTE	RN AVE	BALTIN	TORR,	MD 21224	
31. DATE FILED (Month, Day 200 1994	37. BEGINTAR'S SIGNA	Artall.						



3. TIME DF DEATH

14. RACE — American Indian, American Indian/

BALTIMORE ,

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

_	1
0	•
9	
<u></u>	
$\infty$	
Ó	
_	
$\times$	
BOX 6	
$\mathbf{\mathcal{C}}$	
മ	
_	
<u>.</u>	
0	
- 0	
۵,	
CO	٠
0,	
~	
_	
0	
RECORD	
$\cup$	
ш	
~	
_	
- 1	
_	
I	
$\vdash$	į
-	
>	i
	i
ш.	i
$\circ$	
$\overline{}$	
-	
	1
DIVISION	The second second second
$\simeq$	
(A)	
00	1
>	1

10	TOMMY SM	TH					MON			EAR 18	8:13 PM
	4. SOCIAL SECURITY NUMBER		(In yrs, las	t birthday) IF UN	DER 1 YEAR	IF UNDER 24 HF	(Man	E DF BIRTH oth, Qay, Your)		Country	E (State or Foreign
	215 68 4339		40	YRS.			Man	ch 30,	1954 N	onth (	Carolina
œ	90. FACILITY NAME (If not institution, given Harbon Hospit				ity, town	DR LOCATION D	F DEATH		9c. COUNTY		
01.	RESIDENCE OF DECEDENT	uc cercer			ucu	ione					
DIRECTOR	10a. STATE 10b. COUN			10c. CITY, TOW						10d, I	INSIDE CITY
	MaryLand ==			Balt							YES 2 ND
RA	2721 Rittenhou	NO AVENUE			'	01. ZIP CODE 2/230	)			S.A.	COUNTRY?
BY FUNE	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.)  14. R								PACE — An	nericen Indian. Can India. Vhite	
ETED	15. DECEDENT'S ED (Specify only highest grades) Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)	(Gi	CEDENT'S USUAL ive kind of work do Do NOT use retire	ne during n		16	b. KINO OF BUS	SINESS/INDUS		71000
COMPL	12th	Outlege (1-4 of 3-7)	No	one - D	sabl						
BE CO	17. FATHER'S NAME (First, Middle, Last)	Will Smith						Lockl			
10	190. INFORMANT'S NAME (Typo/Print) Helena Smith		2	721 Rit	tenh	ouse Av	enue	Baltin	n, State, Zip Co	naryla	ınd 2/230
	20e. METHOD OF DISPOSITION  1 (X) Burlel 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)			AND DATE OF DISP matory of the rola DWN Ldge		Prial Pa	nk//		cation—cit Ltimon		
	21. SIGNATURE OF FUNERAL SERVICE I	n Zamer	buc	the	4007	and address of ge J. G Ritchi	e Hwy.	Balt	imore,	Md.	21225
	23. PAHT I. Enter the diseases, or ahock, or heert feilure	complications that ceuse that only one cause on	d the de each line	eth. Do not en	er the m	ode of dying,	auch aa ce	rdiac or reepi	ratory erres		Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SMALL CELL C	ARCIA	JOMA OF	THE I	way, me	TASTAT	ric 70	BRAIN		Onset and Death
		LI'VER DUE TO JOR AS	A CONSEC	WAL 9L	AND						
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (DR AS	A CONSEC	DUENCE OF):							
ERTIFIC	CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEC	DUENCE OF):							
	PART II. Other eignificant condition			eauiting in the	underiyi	ng ceuse giver	in Part i.	24s. WAS AN			AUTOPSY FINDINGS ABLE PRIOR TO
EDICAL	HEPATIC ENCEPHA	DUE TO SIADI		TO DES	025	TAKTA GEA		1   YES 2		COMP	PLETION OF CAUSE EATH?
Σ	DID TOBACCO USE							1		1 🗆	YES 2 K ND
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAU	JE OI DE		PLACE OF DEATH		one)			
SIC	1 TES 2 ND	HOSPITAL: 1 K Inpetient 2 □ ER/Out	petient 3	DOA 4 D		me 5 🗆 Resider	nca 8 🗆 Oth	er (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M	W	IJURY AT /ORK? YES 2 ND	- 1	SCRIBE HOW I	NJURY OCCUP	RED	
딢	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, atc. (Spe	Y — At hor	me, farm, street, i	actory, off	lca	28f. LO C/h	CATION (Street is y or Town, State)	and Number or	Rural Route N	lumber,
COMPLE	and a	SICIAN: To the best of my know								euse(e) and r	menner se stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFI		Win	Ús-		29c. LICENSE	NUMBER			IGNED (Month	
0		-3 177	1 100			AS 24	41614.	50	E.	16,147	ť

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3001

32. REGISTRAR'S SIGNATURE

SOUTH HANDVER

VINES MD.

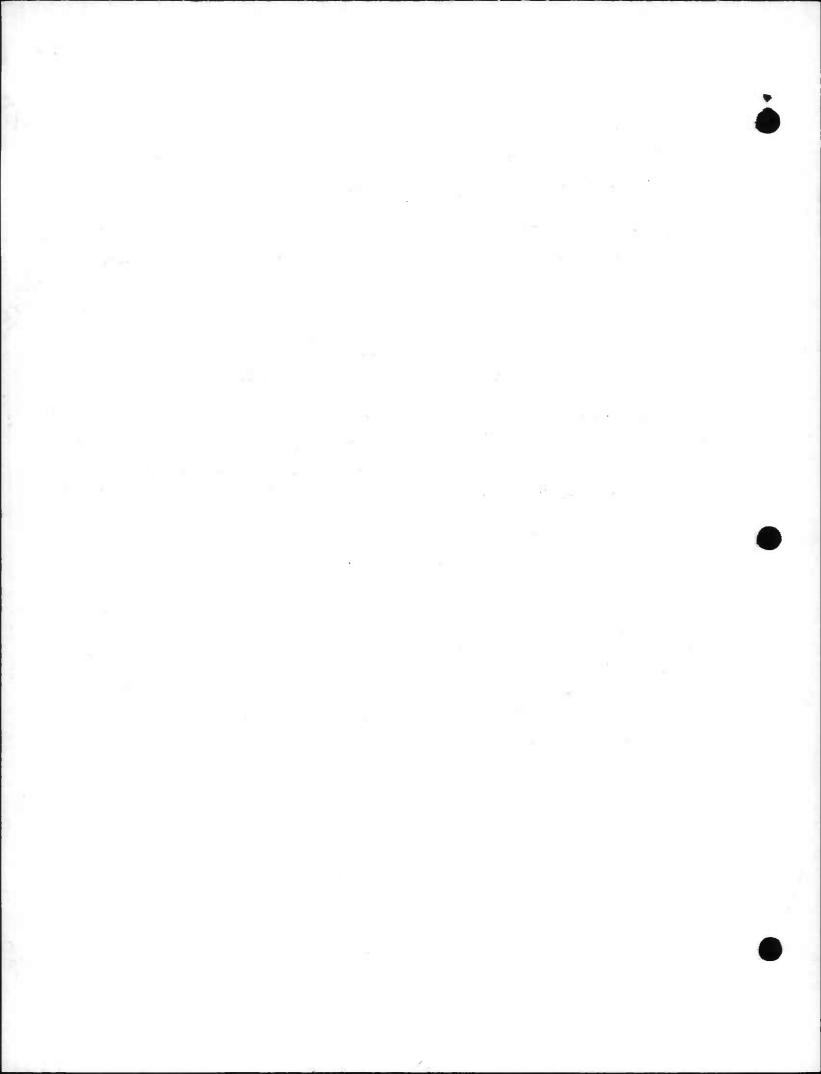
EUGENIO T.

31. DATE FILED (Month, Day, Year)

NOV2 9 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

2. DATE OF DEATH



92
8
68
×
OX
BOX
0
a.
Ś
0
0
O
Ш
$\alpha$
A
VITAL
>
ш
0
-
5
$\overline{2}$
S
VIS
=

COMPLETED

BE

2

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

If any, leading to immediate

94 34974 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Elizabeth Smith Doris 94 26 Nov. :40 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH a BIRTHPLACE (State or Foreig (Month, Day, Year)
April 13,1919 DAYS HOURS 216-09-8365 1 M 2 X 75 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH 6910 Stratford Drive Sykesville Carroll DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll Maryland Sykesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6910 Stratford Drive 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White 16a. DECEDENT'S USUAL OCCUPATION

The bind of work done during most of working COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complet 16b. KINO OF BUSINESS/INDUSTRY (GIve kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9 Secretary Manufacturing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) Michael Weigman Elizabeth Kreymborg BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 58 Cypress Point Court Severna Park, Maryland David Smith 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) 11-29-94 Most Holy Redeemer Baltimore, Maryland 21. SIGNATURE OF FUNITIAL STATISCE LICENSES 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville Maryland 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) 3-4 mas. Pulmonary decompensation DUE TO (OR AS A CONSEQUENCE OF): Breast cancer metastatic to lung BY PHYSICIAN: MEDICAL CERTIFICATION 10 yrs. Sequentially list conditions.

CAUSE (Disease Dr Injury that initiated avanta resulting in death) LAST	OUE TO (OR AS A CONS	EOUENCE OF):						
PART ii. Other significant condition	s contributing to death but not	reaulting in the u	nderlying ceuse given in	Pert i.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
_ DID TOBACCO USE (	CONTRIBUTE TO CAL	JSE OF DEA						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO								
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO			28d. OESCRIBE HOW INJURY OCCURED				
3 Suicide 6 Could not be detarmined	26e, PLACE OF INJURY — At I building, etc. (Specify)	26e. PLACE OF (NJURY — At home, farm, street, tactory, offica building, etc. (Specify)				St. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
29a. CERTIFIER	O	And the state of the state of						

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

23809

29c. LICENSE NUMBER

DUE TO (OR AS A CONSEQUENCE OF):

Layla

32. REGISTRAR'S SIGNATURE

estin

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

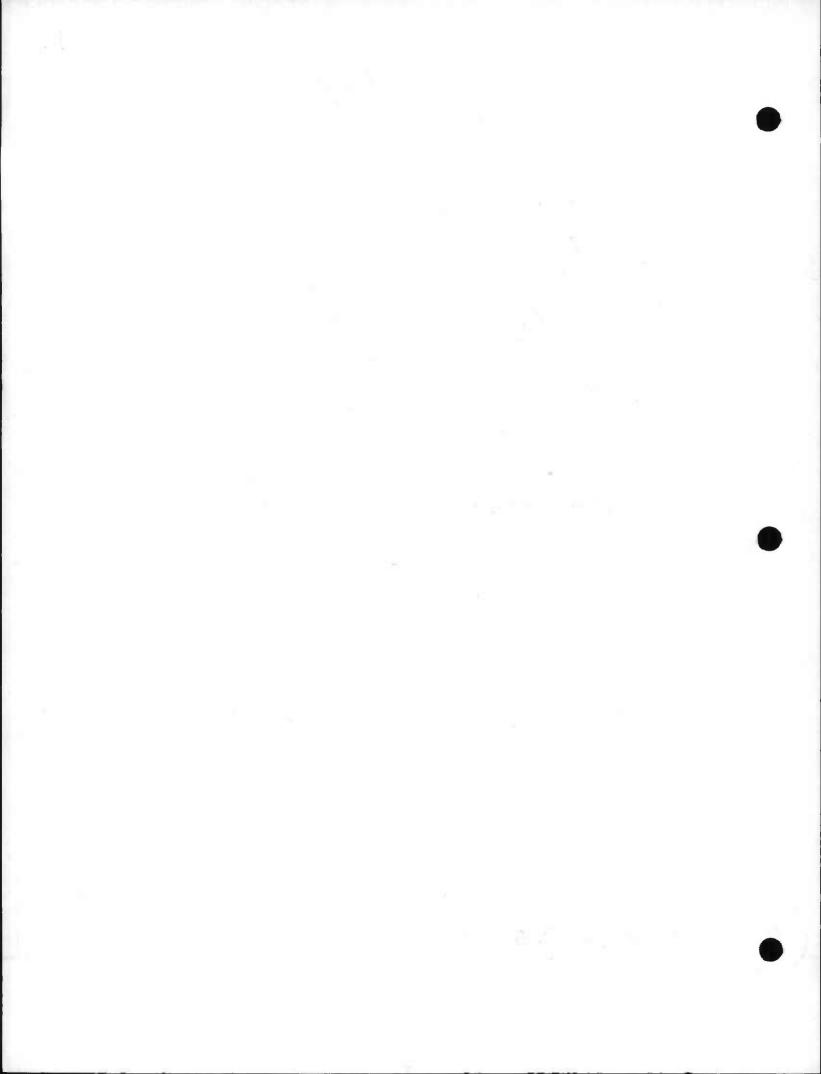
2 MEDICAL EXAMINER: On

29b. SIGNATURE AND TITLE OF CERTIFIER

NOV 2 9 1994

29d. DATE SIGNED (Month, Day, Year)

11/28/94



TO BE COMPLETED BY FUNERAL DIRECTOR

BOX 68760,	
	٠.
_	
(0	
_	
∞	
ထ	
_	
$\sim$	
-	
~	
ш	
	п
_	
0	
-	
D.	
-	
100	
10	
VI	
_	
$\circ$	
_	
-	
T.	
_	
-	
( )	
1	
111	
-	
-	
The state of	
-	
-	
4	
	a
1.0	Ρ
-	
Service .	
-	
4	
4	
4	
*	
40	
4	
10	
10	/
NOF	1
NOF	1
NOP	1
ONOF	1
IONOF	1
HONOR	1
SION OF	1
SIONOF	1
SIONOF	1
VISION OF	1
VISION OF	1
IVISION	-
IVISION	-
PONOISIVIC	-
DIVISION	-
DIVISION OF WITAL RECORDS, P.O.	,
DIVISION	,
DIVISION	

after death. Page 6 may be retained by the hospital or attending physician.	and ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	noval.	cal examiner must be notified at once.
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the district death. Page 6 may be retained by the hospital or attending physical process.	INERAL DIRECTOR: After this partition has been signed by the attending physician and completely filled in by the funeral di	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT, it item 28 is marked perfect 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THE FI	filed w	PORT

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
		C	ERTIFICATE	0	F DEAT	H		REG. NO.	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				GIENE			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH	
		parrow (Wr	oblewski)			Novembe		1994	4:15 P.M	
	4. SOCIAL SECURITY NUMBER 219-05-6914			HUNDER 1 YEAR DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, Y 09-07-1	bar)	Count	IPLACE (State or Foreign ny) /land	
_	9e. FACILITY NAME (If not institution, give s		9		R LOCATION OF DEA	TH	9c. CO	UNTY OF E	DEATH	
UNECION	2107 Bank Stre	et		Balt:	more					
1	10e. STATE 10b. COUNT	Y	10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY	
5	Maryland		Balt	imore					LIMITS?	
A.	10e. STREET AND NUMBER		•	10f	ZIP CODE		10g. C	TIZEN OF	WNAT COUNTRY?	
5	2107 Bank Street			2	21231		U	SA		
BT FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WW II	B 2 NO	If yes, sp	ENDENT OF HISPANIC Holfy Cuban, Mexican, 2 NO Specify:			14. RAC Blac Spec	E — American Indien, k, Whita, etc. #y: White	
3	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITE	16a. DECEDENT'S US	UAL OCCUPATION	IN at of working	16b. KIND (	OF BUSINESS/II	NDUSTRY		
او	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of word		of or working					
COMPLEIED	6th		Dispat	cher			Railro			
3	17. FATHER'S NAME (First, Middle, Last) Andrew	Wroblewski			16. MOTHER'S NAM Sophia		Maiden Surname, embeck	)		
	190. INFORMANT'S NAME (Type/Print)	MIODIEWSKI	10h MAILING AL	ODECC /Ormet o	nd Number or Rural Ro			7in Codel		
2	Collocation and the America								21231	
	Betty Thomas 2509 Fleet Street Baltimore, Maryland 21231  200. METHOD OF DISPOSITION DATE 200. LOCATION - City or Town, State									
	1 Deficient of Disposition   206. PLACE AND DATE of Disposition (Name of cemetary, cremetary, cremetary, cremetary, cremetary or other place)   DATE   206. PLACE AND DATE   DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   206. PLACE AND DATE   DATE   DATE   206. PLACE AND DATE   DAT									
	21. SIGNATURE OF FONERAL SERVICE LI	D TUEL	w	David	J. Weber Chester	Funera	1 Home	2	21231	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e		ari De	lythi				Approximate Interval Betwee Onset and Dest	
PHISICIAIS MEDICAL CE	PART II. Other significent condition	ns contributing to death	but not resulting in	the underlyin	g ceuse given in F	P	WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ž	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF OEATH (Chec	ck only one)				
2	1   YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DOA 4	THER:	e 5 Residence	B Other (Spec	(fv)			
	27. MANNER OF OEATH	28e. DATE OF INJUR	Y 28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE		OCCURED		
10	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	, insur		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, str oecfly)	et, factory, offic	•	28f. LOCATION City or Town		ber or Rural	Route Number,	
COMPLEIED	CONOCK OTHY	SICIAN: To the best of my known							(e) and monner se stated.	
	29b. SIDMATURE AND TITLE OF DESTIFI	B O			29c. LICENSE NUM	BER	29d. D	ATE SIGNE	D (Month, Day, Year)	
BE	1 - XI XI WO DOTESS 11/28/94.									
2	30. NAME AND ADDRESS OF MERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	_()	V RX-	STE à	L¥	21	093	
	31. DATE FILED (Month, Day, Year) NOV 2 9 1994	32. REGISTRAR'S SU	ENATURE	- 3 ION	7		~ (	3-1		

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/12/94 t.t

_	1 - STATE REGISTRAR	STATE OF	MARYLAN	ND / DEPAI CERTIF					IENTAI	REG. NO.	_		
į	1. DECEDENT'S NAME (First, Middle, La			CMT	<b>TI</b> I				2. DATE MONTE	OF DEATH	NY .	YEAR	3. TIME OF DEATH
	STEPHEN  4. SOCIAL SECURITY NUMBER	PATRICK 5. SEX	L	SMI'			1,000		NO		6 19	94	6:46 A M
	213-84-4806	1 XM 2 F	6. AGE (III)	33 YRS.	IF UNDER	DAYS	HOURS !	MIN.		of BIRTH h, Day, Year) 24 1	961	8. BIRTH	
	9e. FACILITY NAME (If not institution, gi	ive street and number)			9b. CITY,	, TOWN OI	R LOCATIO	ON OF OE		24 1		NTY OF D	
CTOR	3420 HICKOR				В.	ALT	IMOF	RE C	ITY				
딥	RESIDENCE OF DECEDENT  10e. STATE 10b. COU			10c. CI	ry, town o	R LOCATI	ON						10d. INSIDE CITY
DIRE	MD.				Ba 1	timo	re					ĺ	LIMITS?
RAL	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	ZEN OF V	WHAT COUNTRY?
111 11	3420 Hickory Av						2121					USA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	1 1	f yes, spe	city, Cuba	F HISPANI n, Mexicen Specify:	, Puerio I	I? (Specify Yee Ricen, etc.)	or No—	14. RACE Black Speci	E — American Indien, k, White, etc. White
	15. DECEDENT'S E (Specify only highest g	EDUCATION rade completed)	10	Be. OECEDENT'S	work done o			a	16b.	. KIND OF BUS	SINESS/INC	USTRY	
MPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +2	+)	Cook	ise retired.)								
8	17. FATHER'S NAME (First, Middle, Last) Alfred	Smit	h					mers waw Patri		Middle, Maiden	Surname)	Do	isal
H	19e. INFORMANT'S NAME (Type/Print)	Dilito	11	19b. MAILING	3 AODRESS	(Street an				ber, City or Town	n. State. Zir.		1501
2	Linda Smith									re, Md			
	20e. METHOD OF DISPOSITION  M. Burial 2 Cremetion 3 R	emoval from State		LACE AND DATE					OATI		CATION —		
	4 □ Donation 5 □ Other (Specify) _ 21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	Mt.	Carme					11-3	0   Bal	timo	re M	d
	22. NAME AND ADDRESS OF FACILITY David J. Weber Funeral Home 401 S. Chester Street, Baltimore, Md. 21231  23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
IIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CO	C INTOXIO	0F): 0F):								Onset and Daath
CERTII	reauting in daath) LAST	d											
: MEDICAL	PART II. Other aignificant condit								_	24a. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?  1 YES 2 NO
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEA			UNC	ERTAIN					
SICI	EXAMINER?	HOSPITAL:			OTHER	t:	- 5 □ Re	sidence 8	. □ Other	r (Specify)			
PH	27. MANNER OF DEATH	28e, DATE OF	FINJURY	28b. TIN		28c. INJU WOR	RY AT			CRIBE HOW II	NJURY OC	CURED	
_ 6	1 Natural 5 Pending 2 Accident Investigation	FOUND 1	1-26-94	1 UNKNO	NWC	1 🗌 YI	ES 2 🛚	XNO	UNKNO	)WN			
ETED	3 Suicide a XXCould not 4 Homicide determined	building.	, etc. (Specify)	At home, ferm,		ory, office			City	ATION (Street a or Town, State) MORE, MD	3420 F	or Rural F	ROUTE Number,
COMPL		IYSICIAN: To the best of a											e) and menner ee stated.
1	284. WENATURE AND TITLE OF CERTI	FIER	0	44 1	1		29c. LICE	NSE NUME	BER		29d. DAT	E SIGNEO	(Month, Day, Yeer)
Į.	30. NAME AND ADMINESS OF PERSON	WHO COMPLETED CAU	GE OF OEATH	1 (ITEM 27) (Type	p, Print)			C.M.					26,1994
	TIAKON CO	KE, M	) 11	1 Pen	n St	ree	t, I	Balt	imo	re, M	lary	land	1 21201
	NOV 2 9 1994	32. REGISTA	tor Nove	tall									

or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

with nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	remation, or removal.	ent, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within months after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF		MENTA	AL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		1 77	3. TIME OF DEATH			
	JOHN 4. SOCIAL SECURITY NUMBER	CHRISTIAN		SAMM	1		EMBER 2	24, 19		10:00 P M			
	214-16 <b>-</b> 8985	5. SEX 6. AGE (H	n yrs. lasi birthday) YRS.	MONTHS DAYS	HOURS MIN.	(Mor	E <b>OF BIRTH</b> oth, Day, Year) 02-1902	- 1	Country	PLACE (State or Foreign ) LAND			
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		02-1702	9c. COUNT					
DIRECTOR	7958 PIPERS PAT	Н		GLEN	BURNIE			ANNE ARUNDEL					
3EC	10a. STATE 10b. COUNT	TY.	10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY			
		ARUNDEL	GLE	N BURNI	Е					LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				f. ZIP CODE					HAT COUNTRY?			
NE I	7958 PIPERS PATH	12. WAS DECEDENT EVER IN	IIS ADMED		21061 CENDENT OF HISPA	NIC ORIO		U.S.					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yea, s	pecify Cuban, Maxico S 2 NO Specifi	en, Puerto	Rican, atc.)	or No—	Black, Specify	— American Indian, White, atc. WHITE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m	ON ost of working	16	b. KIND OF BUS	INESS/INDU	STRY				
PLE	Elementary/Secondary (0-12) 10 YEARS	College (1-4 or 5+) NONE	STEAM	1124			PLUMBIN	IC.					
OM	17. FATHER'S NAME (First, Middle, Last)		O R EITH	TTTTT	16. MOTHER'S NA								
BE C	CHARLES SAMM				AGUSTA			KHART					
10 B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Nur.	nber, City or Town	, State, Zip C	Code)				
	BARBARA C. ANTHO				N DRIVE		OLD, MA			21012			
ì	20s. METHOD OF DISPOSITION 1XI Burlel 2 Cremation 3 Removal from State 4 Oonation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, or other place) CHEN HAVEN MEMORIAL PARK  20c. LOCATION — City or Town, State CHEN HAVEN MEMORIAL PARK  1 1 2 9 4 GLEN BURNIE, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 1 SECOND AVE. S.W. SINGLETON FUNERAL HOME												
	GLEN BURNIE, MARYLAND 21061  23. PART I. Entar tha diseases, or complications that caused tha death. Do not anter tha mode of dying, auch as cardiac or reapiratory arrest, Approximate												
	23. PART i. Entar tha diseases, or ahock, or heart failure.	complications that caused. List only one cause on as	tha death. Do n	ot anter tha me	oda of dying, auc	h as ca	rdiac or reapir	atory arre	at,	Approximata interval Batween			
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. Metas		Con	cin	n		Onset and Deat					
_	_	DUE TO (OR AS A	CONSEQUENCE OF	):	Cile	4.	· kin	D-					
CERTIFICATION	Sequantially list conditions, if sny, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):	3 11-0		ch har	W					
S	csuse. Entar UNDERLYING CAUSE (Disease or injury	a Asl	sesst	0819									
	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):									
CE		d											
SAL	PART ii. Other algnificant condition	na contributing to death bu	it not reaulting is	tha undariyin	g cause givan in	Part i.	24a. WAS AN A PERFORE			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
						_	1 🗌 YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YE	S $\square$ NO $\square$	UNCERTAI	N [				1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	6. PLACE OF DEAT		J OTTOLKIAN								
YSIC	1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		OTHER: 4 Nursing Hor	ne 5 Reeldenca	8 🗆 Oth	er (Specify)						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK?	26d. DE	SCRIBE HOW IN	JURY OCCU	RED				
B	2 Accident Investigation	26a. PLACE OF INJURY	At home to-		YES 2 NO	00110							
TED	3 Suicide 6 Could not be determined	building, atc. (Specif	(y)	reet, tactory, one			CATION (Street ar or Town, State)	nd Number o	r Runal Ro	ute Number,			
COMPLETED		SICIAN: To the best of my knowle								and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE			1	29c. LICENSE NUI					Month, Day, Year)			
) BE	9	9 0	-	1	D14	13	6	▶ //	198	194			
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Туре,	Print)	- /				0 m	1-7-7			
	DR. DALJIT SAWHN	EY 1,600 SOU	TH CRAIN	HIGHWA	Y, SUITE	201	, GLEN	BURN:	IE,	MD 21061			
	NOV 2 9 1994	The Company of the Company	-ye										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

26

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.

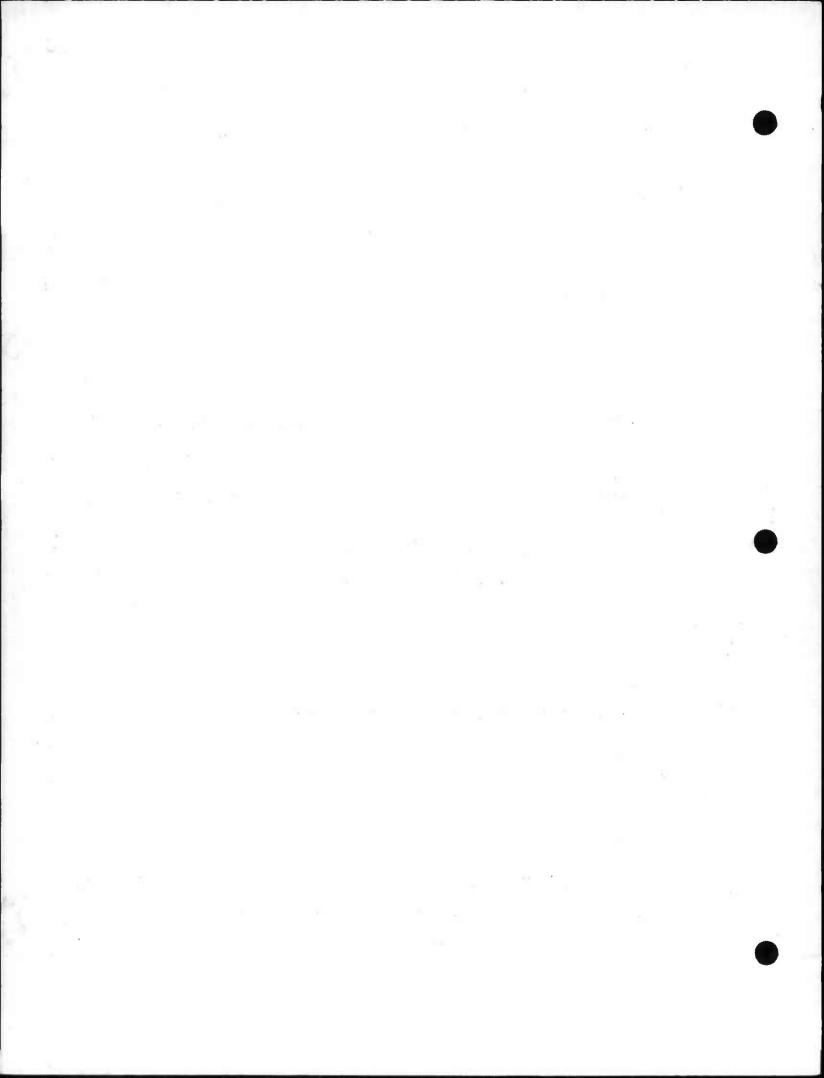
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH	
	GEORGE ARG									Nov.		77	94	6:35 p "	
	4. SOCIAL SECURITY NUMB 217-68-1512	ER	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yi	rs. lest birthday	MONTH:	B DAYS	HOURS	24 HRS.	7. DATE OF (Month, D. 4-30-	BIRTH ny, Year) .08		a. BIRTH Count Gre	IPLACE (State or Foreign ry) ⊝C⊖	
	9e. FACILITY NAME (# not in					9b. CI	TY, TOWN	OR LOCATI	ON OF DE			9c. COL	JNTY OF D		
DIRECTOR	Stella Maris	Hosp	ice			Towson						Bal	Baltimore		
2	RESIDENCE OF DEC	10b. COUNTY	,		10c. C	10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY		
	Maryland	Ва	ltimore		Ba	Ltim	ore							LIMITS?	
RAI	9910 Marily	nn Ros	, d				10	1. ZIP COD 2112						WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	IIII It Oa	12. WAS DECEDENT	EVED IN II	S ADMED	Τ.	2 446 05			IIC ORIGIN? (S			reec		
B	1 Never Married 2 🖔 3 Widowed 4 Divo		FORCES? 1   IF YES, GIVE W	YES 2	NO K		If yes, s	pecify Cube	m, Mexice	n, Puerto Rice	n, etc.)	or No-	Spec	E — American Indian, k, White, etc. White	
딢	15. DECI (Specify only	EDENT'S EDUC	CATION completed)	184	e. DECEDENT	'S USUAL	OCCUPATION IN	ON ost of worki	na	16b. KH	ND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementery/Secondary (0 4th		College (1-4 or 5+)		iii. Do NOT armer	use retired	(.)	000 01 9101101	··· 9	F	armi	ng			
S	17. FATHER'S NAME (First, Mi				_					ME (First, Midd		Sumame)			
BE (	Argiris Stak									Morud					
2	John Stakias									Route Number,				,	
	20a METHOD OF DISPOSITI			20h BI	ACEANDDAT				1, Ba	altimo	_		City or To		
	1 H Buriel 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other	n 3 🗆 Reme	oval from State	cemeter	y cremetory of	other plec	no.l	ame or						os. Greece	
	21. SIGNATURE OF PUNERAL	L SERVICE LIC	/ / /			2	2. NAME A	ND ADDRE		CILITY		rua,	CHIL	DS. Greece	
	1 Culun	1 X.	mouth	hen						ral Ho		1+4	c.20.0	Ma 2722h	
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Retween														
	IMMEDIATE CAUSE (Fin	al	3114-04											interval Between Onset and Daath	
	disease or condition resulting in death)  a. LIVER METASTASES  DUE TO (OR AS A CONSEQUENCE OF):														
_			Colo											6 mos,	
CERTIFICATION	Sequentially list conditi if any, leading to immed	flete			NSEQUENCE										
2	cause. Enter UNDERLYi CAUSE (Disease or inju		DUE TO	00 40 4 00	NSEOUENCE	0.5									
Ē	that initiated events reaulting in deeth) LAS	r [		ON AS A CO	MSEUDENCE	OF):								i l	
			1.											1	
MEDICAL	PART II. Other algnifice	nt condition	a contributing to	deeth but r	not raeulting	In the	underlylr	g ceuse	given in	Part I. 24	a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ED										1	YES 2	XNO		OF DEATH?	
	DID TOBACCO	O USE (	CONTRIBUTE	TO C	AUSE O	F DF	ATH '	YES C	1 NO					1 TES 2 NO	
AN	25. WAS CASE REFERRED TO								-	ock only one)					
SIC	1 YES 2 NO		HOSPITAL: 1   inpatient 2	ER/Outpatle	nt 3 🗆 DOA	OTH		ne 5 🗆 Re	esidence	6X Other (S	necify)	HOS	PICE		
PHYSICIAN:		Pending	28e. DATE OF ( (Month, Da			IME OF NJURY	W	JURY AT ORK? YES 2	¬ NO	28d. DEŞCRI	BE HOW II	NJURY OC	CURED		
D BY	3 Suicide 8	nvestigation Could not be	28e. PLACE OF building, of	INJURY — inte. (Specify)	At home, term	, street, f			J 110		ON (Street e	and Numbe	or or Rural I	Route Number,	
		determined													
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDI	CAL EXAMINE	CIAN: To the best of ex	my knowledg amination en	e, death occu d/or investiga	rred at the	e time, det y opinion,	end place death occu	, end due red at the	to the cause(	e) end men I place, en	ner ee sta d due to t	ited. he ceuse(e	end menner ee stated.	
H	29b, SIANATURE AND TITLE	OF CERTIFIES	Faul	bee!	ew			28c. LIC	ENSE NUM	18ER		29d. DAT	SIGNED	(Month, Day, Year)	
DT	30. NAME AND ADDRESS OF DR. KENDALL		O COMPLETED CAUS ONER 2300				Z ROA	D TO	WSON	, MD 2	1204		, , ,		
	NOV 2 9 K		32. REGISTIAN									•			



BALTIMORE, MARYLAND 21215-0020

BOX 68760,

0	
σ.	
-	
S	
Õ.	
Ξ	
Щ.	
0	
<i>~</i>	
RECORDS	
ш	
Œ	
ᆛ	
Q.	
VITAL	1
_	
>	
	1
U U	1
O	
_	
_	1
$\circ$	
Ξ.	d
NOISING	
-	н
~	1
=	E

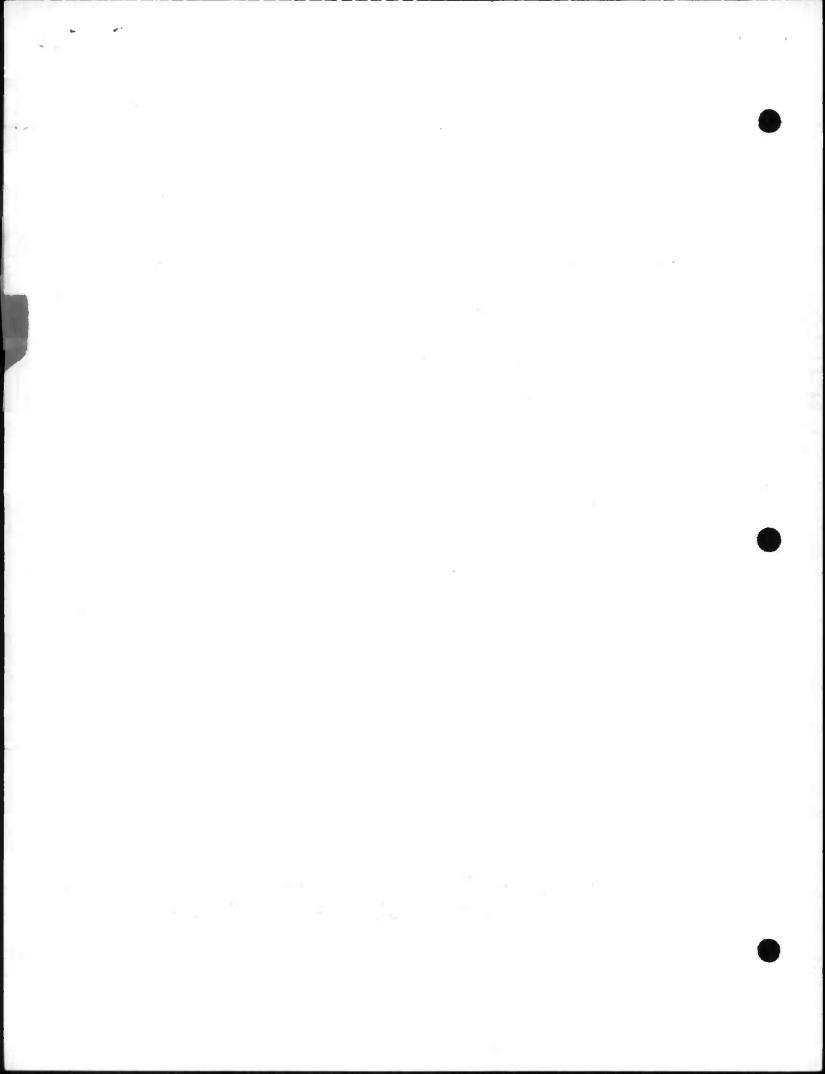
TO THE HOW TO THE DING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINEAL CHECHY. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within a fleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOPP TO THE FLIME De filed within

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF M	TAKYLAND / CE				DEAT			REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)		- 01		IOAII		DLA	111	2. DATE OF				3. TIME OF DEATH
	William J.		SCHAFE	2	SR.		1		Noven		22.19	994	5:30 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	~~, _		IPLACE (State or Foreign
	215-14-9986	1 M 2 🗆 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	OCTOBE	Day, Year)	021	Countr	IMORE, MD.
	9a. FACILITY NAME (If not institution, give s	1 /	70		9b. CITY	r, TOWN C	OR LOCATION			N 10,1		DALI.	
OR	FRANKLIN SQUARE HOSPI	TAL										timo	
당	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			40. 017	V TOWN	001001	1011						
DIRECTOR	MARYLAND BALTIM			IUC. CIT	Y, TOWN	OR LOCAL	ION						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	JRE				Line	ZIP CODE				1 40 - 017	17511 05 1	1 YES 2XX NO
FUNERAL	4111 WALTER AVENUE					150	1236	-			LISA		WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (	Specify Yas		•	E — American Indian, k, White, etc.
BY F	1 Never Married 2XX Married 3 Widowed 4 Divorced	IF YES, GIVE W	X YES 2 □N AR OR DATES W II	0		Il yes, sp 1 TES	2/2) NO	n, Maxica Specify	n, Puerto Ric	en, etc.)		Speci	and the same of th
8	15. DECEDENT'S EDU	CATION	16a. DEC	CEDENT'S	USUAL O	CCUPATIO	)N		16b, K	IND OF BUS	SINESS/INI	DUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	life	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g					
COMPL	8		BUILL	DER					BUIL	DING			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	IER'S NA	ME (First, Mid	dle, Maiden	Surname)		
H	JOHN LEO SCHAFER								FITCH				
ဥ	19a. INFORMANT'S NAME (Type/Print) VIOLA S. SCHAFER								Route Number,				
	20g. METHOD OF DISPOSITION		20b. PLACEA	-				- I TIVI	RE, MAR	_			Tarana and the same and the sam
	1 N Buriel 2 Cremetion 3 Rem	ovel from State	ST. JUSE	natory or c	ther place)		me or METED\	/ NOV	26 10	ZUE. LU	CATION —	City or 10 X⊏ M/\D	WI, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	p1. 000	111 0	22.	NAME AN	D ADDRES	S OF FAC	CILITY	UPI DAL	TITIO	1L,1101	ITLAND
	Maggaha Tim	and Han	o Ton						HOME, I				
	23. PART I. Enter the diseases, or	complications that	causad the de	ath. Do i	not anter	401 B	FLATR	POAD	BALTIM	ORF N	MARYL A	ND 21	236 Approximate
	ahock, or haart fallure.	List only one caus	se on each lina.	7	/	the mo	de or dy	7		or raapi	ratory ar	rest,	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Hou	le (0)	as	dia	0	15	100	d				Onset and Death
1	reaulting in death)	DUE TO	OR AS A DONGEO	UENCE O	F):		100						
z		· 45(	017										years
일	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQ	UENGE O	4	5							
<u>  5</u>	CAUSE (Disease or Injury	· 040.	ere	ce	1/								years
≝	that initiated events resulting in death) LAST	15/	A ACONSEO	UENCE O	F):								110035
CERTIFICATION		d. To V	PVIV		-							-	gean
CAL	PART II. Other significant condition	a contributing to	death but not re	aulting	In the ur	nderlying	cause g	Ivan In	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음									_	YES 2	1		COMPLETION OF CAUSE DF DEATH?
MED													1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAI					UNC	ERTAIN	1 🗆 📗				
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	0.00							
IYS	1 TYES 2 TYNO 27. MANNER OF DEATH	1 Inputtent 2 II		-	-	-		aldence	6   Other  S				
	1 Natural 5 Pending	(Month, Da		26b. TIM	URY	and the second	RK7	Teen	28d. DESCR	IBE HOW I	HJURY OO	CURED	
ВУ	2 Accident Investigation	28s. PLACE OF	F INJURY — At hon	na farm.	street fort	-	ES 2	NO	286 1 C/C4T4	DBI / Descrit is	of Name	ou Street H	loute Number
밀	4 Homicide 8 Obuld not be	building, e	etc. (Specify)						City or 1	liwn, State)	surt Germine	or murei n	toure number
	290. CERTIFIER , CERTIFYING INC.	CIAN: To the best of r				7A 24.	VEW 1004		12572 (10 to 2)	AC OPEN		STI	
COMPLET													) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CHITTPIES	- /	10				28s LICE	NSE NUM	пел 🔾		29d. DAT	E SIGNED	(Month, Day, Year)
то в	L/1/300	gove, 1	KI-SK				De	40	299		•	11-	23-94
F	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH (ITEM	27) (7/pe	Agres -	7	/	5	14	1	1		221
	31. DATE FILED (Month, Day, War)	32. REGISTRA	STS SIGNATURE	Sel	aur	K	1-	00	Mo.	(pe	1-	21	016
	NOV2 9 1994 d	/	0 -										i
	4014 0 1224	let d'avales	Carried	4				_					DHMH-16 Rev 1/89



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

31. DATE FILED (Month, Day, Year)

NOV 9

9 1994

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 executed within DR ATTENDING PHYSICIAN: The law requires that the death certificate be

permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit notified at pe must examiner or removal. medicai completely filled in by the other traumatic event. burial. and Hygiene prior to physician 0 Mental shows any injury, n signed by the a Health and Men certificate has been h the State Dept. of 0 this c marked, 28 is n DIRECTOR: hours after TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2

ITEM: 20b, PER F.H. FILM G-717 11/29/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF DEATH JR. NOV.25,1994 RONALD TILLMAN 00:30 aM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYA HOURS 216-92-3913 1 🔀 州 2 🗌 F 17 YRS. MAR. 5. 1977 MARYLAND 9a. FACILITY HAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHOCK TRAUMA UNIT n/a BALTIMORE 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE VX YES 2 HO 10e. STREET AND HUMBER 10g. CITIZEN OF WHAT COUNTRY? 2214 Ν. CALVERT STREET 21218 JNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 NO Specify: BLACK Widowed 4 Divorced Specify: 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9 th unemployed n/a 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname RONALD TILLMAN SR. LA VERN MANZUR 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LILLIAN **EDWARDS** CLIFTON AVENUE, BALTIMORE, MARYLAND #16 20a. METHOD OF DISPOSITION
1 Q Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATIOH - City or Town, State ry or other place) MEMORIAL PARK 12/1 11 RANDALLSTOWN. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVENUE 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximste shock, Dr haart failure. List only one cause on each line. Intarvai Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, lasding to immediata cause. Enter UNDERLYING **CAUSE** (Disease or injury QUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AH AUTOPSY YES 2 NO DEATH? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1X YES 2 □ HO 1 Inpetient 2 ER/Outpetient 3 DOA 5 Residence 27. MANNER OF CEATH 28a. DATE OF INJURY 286. TIME OF INJURY OF INJUN:
Day, (per)

HOW DAY At home, term, street, factory, office no. atc. (\$pecify)

LSay 28c. INJURY AT WORK? 28d, QESCRIBE HOW INJURY OCCURED 2 NO 1 Natural Investigati 2 Accident 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be Soo block 21 STSTREA 29a. CERTIFIER 1 CERTIFYING PHYSICIAM: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) var. OCME NOV.25,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-16 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

 **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	F	REG. NO.				
1000	1. OECEOENT'S NAME (First, Middle, Walter	Roosevelt		Thoma		2. DATE OF MONTH	DAY	YEA			
	4. SOCIAL SECURITY NUMBER			,		Novem					
	231-36-5579	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF I	sy, Year)	Co	RTHPLACE (State or Foreign puntry)		
	9a. FACILITY NAME (If not institution,	**	63 YRS.		9b. CITY, TOWN OR LOCATION OF OBATH 9c. COUNTY OF DEATH						
-				1		EATH	9				
5	2801 E. Federal			Ba.	ltimore			N/A			
ñ Ω		DUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
5	MD	N/A	В	altimor	re				LIMITS?		
١	10e. STREET AND NUMBER				101, ZIP CODE		10	g. CITIZEN C	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	2801 E. Federal	Street		-	21213			U.S	.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (S	specify Yea or	No- 14. R	ACE — American Indian,		
2	1 Never Married 2 Married	FORCES? 1 YY	ES 2 NO R DATES		specify Cuban, Mexica YES 2 NO Specif		n, atc.)		llack, White, atc.		
	3 Widowed 4 Divorced				Χ.				Black		
<u> </u>	15. DECEDENT'S (Specify only highest		18a. DECEDENT'S (Give kind of	USUAL OCCUP work done during se retired.)	ATION most of working		ND OF BUSINE	11.11.5-0.02.00.0	Υ		
COMPLEIED	Elementery/Secondery (0-12)	College (1-4 or 5+)	Weld			Ste	elside	9			
Ē	12th 17. FATHER'S NAME (First, Middle, Le.	N/A	MeTa	er							
	Luther Thomas				18. MOTHER'S NA		lle, Meiden Sum	name)			
4	ton. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS (Day							
2	Iletha Thomas	·			eral Stree						
	20. METHOD OF DISPOSITION		20b. PLACE AND DATE			OATE		ION — City o			
	1X Burial 2 Cremetion 3 C 4 Donation 5 Other (Specify)		cemetary, crematory or o	ther place)							
	21. SIGNATURE OF FUNERAL SERVI		Zion Commu		EMELERY  AND ADDRESS OF FA	12/1	Green	nsvili	e Cty, VA		
	· Kr	$\sim$	11	Marc	ch F/H Eas	st		0.00	U 0.2.000		
-	1 aren	3 //1.	Korze		L E. NORTH				MD 21202		
	23. PART I. Enter the diseases ahock, or heart fall	i, or complications that call lura. List only ona cause o	n aach iina.	not entar tha	mode of dying, auc	h aa cardiac	or reapirate	ory arreat,	Approximata Intarvai Batwaan		
	IMMEDIATE CAUSE (Final disease or condition	MITH	-	1					Onaat and Daath		
	reaulting in death)	a. / lelasto	1114 90	JIVIC	Carcir	Lorn a					
		DUE TO (OR /	AS A CONSEQUENCE O	F):							
5	Sequentially list conditions,	b. DUE TO (OR /	AS A CONSEQUENCE O	FI:							
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING			- 7-							
	CAUSE (Disease or injury that initiated events	OUE TO (OR A	AS A CONSEQUENCE O	F);							
	resulting in death) LAST	d									
	PART II. Other algolficant con-	ditions contribution to deat	to the state of the secondary	la dia conduct				.0			
DICAL	TALL II. Other arginization con-	untona contributing to daat	ii but not raautting	in the underly	ying causa givan in	Part 1. 24	PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE		
		· · · · · · · · · · · · · · · · · · ·			_		TYES 2	NO	OF DEATH?		
Ξ	DID TODA COO HISE CO	NA ITRIBUITE TO 64 1161			Av		•	1	1 TYES 2 NO		
2	DID TOBACCO USE CO					иПТ					
PH TSICIAN: M	EXAMINER?	HOSPITAL:	26. PLACE OF OEA	OTHER:	111						
-	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/0			INJURY AT			m/ 00011DE			
	t Natural 5 Pending	(Month, Day, Ye		JURY	WORK?	28d. OEŞCHI	BE HOW INJU	HT OCCUME	'		
	2 Accident Investigs 3 Suicide	28e. PLACE OF INJ	URY — At home, ferm,			201 LOCATIO	N /Street and	Number or Ru	ral Route Number,		
	4 Homicide determin	building, etc. (	Specify)	,,,		City or To	own, Stete)	THURSDER OF FILE	ar node rember,		
	29e. CERTIFIER	DUMPINAL TO A COLUMN									
L L		PHYSICIAN: To the best of my kind AMINER: On the bests of exemin							4-4-		
3			and/or investigation	on, in my opinio	n, destil occured at the	time, data end	piece, and di	de to the ceu	se(a) and manner ee stated.		
	29b. SIGNATURE AND TITLE OF CER	TAIR			29c. LICENSE NUI	MBER 99	29	d. OATE SIG	(Month, Day, Year)		
2	36. NAME AND AODRESS OF PERSO	N WHO COMPLETED CALLET OF	OFATH (ITEM 97) /T-	Drint1	UT1 3	3 / '		"	4/14		
	THE PART AND PARTY OF PERSON	COMPLETED CAUSE OF	SERIO (IIEM 2/) (N/P6	, <i>-</i> 1111()							
	31. OATE FILED (Month, Day, Year)	22 ADECISTDADE	A STORE WITH I								
			TUNATURE								
	NOV 2 9 1994	32 MEGISTRAR'S	a dall								

pro. 3° **ORE, MARYLAND 21215-0020** 

BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within variours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING DRIVER DING PHYSICIAN: The law requires that the death certificate be executed within a	THE FURENCE After this certificate has been signed by the attending physician and completely filled in by the best and many and mental Holiene prior to burial, cremation, or removal.

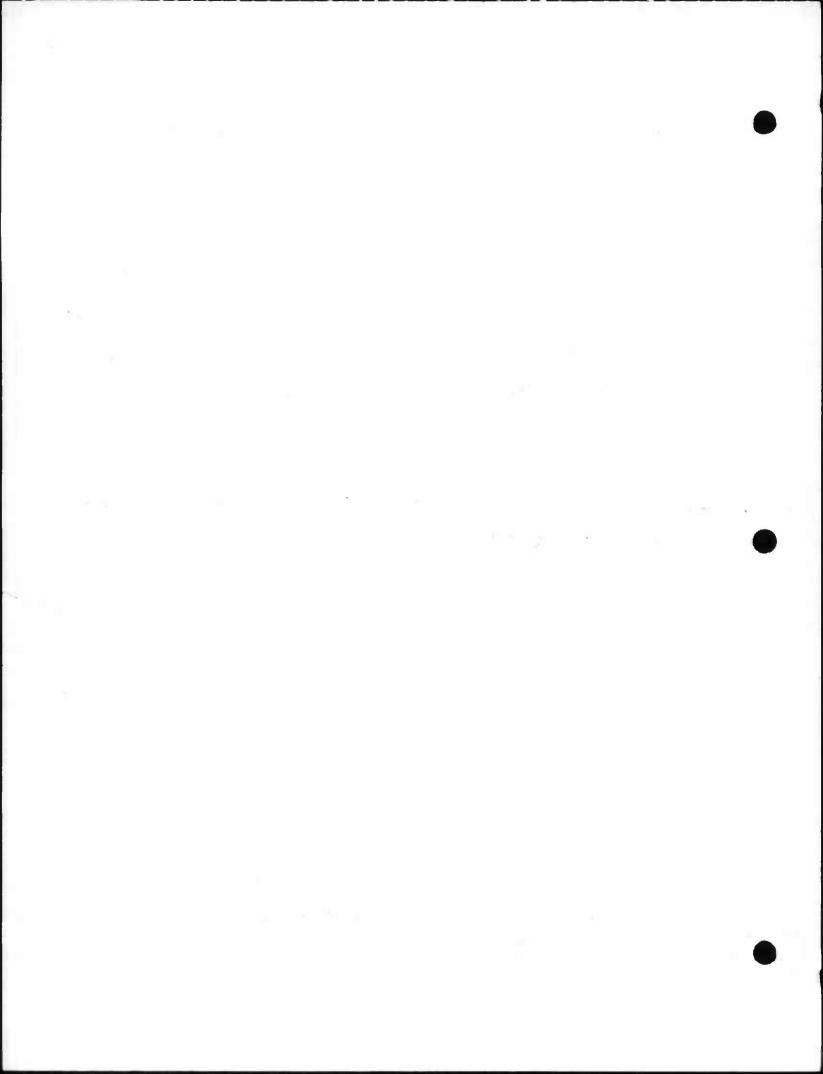
	1 - STATE REGISTRAR	STATE OF MA			CATE				ENTAL HYGIEN REG. NO					
,	1. DECEDENT'S NAME (First, Middle, Last)  Corrine H. Thomas								2. DATE OF DEATH NOV 25 1994 5 An					
	4. SOCIAL SECURITY NUMBER 220-146614	5. SEX 6.	AGE (In yrs. lesi		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign		
	9e. FACILITY NAME (If not institution, give str		72	YRS.	AL CITY I	70W/N 01	D L OCATA	ON OF DEA	MARCH 1		S	C		
E E	5143 Nelson Aven					ilto		ON OF DEA	in	9c. COUN	TY OF DEA	лн		
یظ	RESIDENCE OF DECEDENT													
DIRECTOR	M D 106, COUNTY				, town or LTO	LOCATI	ON					Od. INSIDE CITY LIMITS?  YES 2 \( \text{\ballet} \) NO		
FUNERAL	100. STREET AND NUMBER 5143 NELSON AV	E				101.	212			"	EN OF WH	AT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, it yes, specify					n, Mexican,		14. RACE -	ACE — American Indien, lack, White, etc.			
PLETED	(Sipecify Only highest grade completed)    College (1-4 or 5 +)   (Give kind of work done during most of working life. Do NOT use retired.)							O OF BUSINESS/INOUSTRY  ERICAN COAT-PAD CO						
at once.	17. FATHER'S NAME (First, Middle, Last)				_		18. MOTI	IFR'S NAM	E (First, Middle, Maiden		JOA1	-PAD CO		
111	SAMUEL HALLEY								H BELL	our runney				
10 1	190. INFORMANT'S NAME (Type/Print)  LAWERENCE TH	IOMAS			NEL				ALTO M	n, State, Zip D 212				
must be	20s, METHOD OF DISPOSITION  1 OATE  20c. LOCATION — City or Town, State  20s. PLACE AND DATE OF DISPOSITION (Name of Converted to Convert Conv													
luer	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE						S OF FACI	LITY					
or removal.  medical examiner must	22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue Balto, Md 21215													
	immediate cause (Final disease or condition )									Approximata interval Batween Onset and Daath				
Mental Hygene prior to bunal, cremation, jury, or other traumatic event, the CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.													
ws amy In	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 XNO								A C	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
or Item 23 VSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check on	ly one)		,						
å 5 ≥	1 YES 2 1490	1 Inpatient 2 INTE	-	-	4 - Nursir				Other (Specify)	N HIPW OOO	1050			
s marked,	1 Neturel 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								28d. OEŞCRIBE HOW INJURY OCCUREO					
12	3 Suicide 8 Could not be 4 Homicide determined	City or Town Center								or Rural Rou	te Number,			
A SE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.													
POR BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 TO COLORE NO					NSE NUMB	UMBER 29d. DATE SIGNED (Month, Day, Year)						
8 € 0	Robert (ac- my Chow D34851 11/25/94  30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Typo, Print)  Suite 22, 2435 W Belvedere Ave Balt MD 21215									174				
	31. DATE FILED (Month, Day, Year) NOV 9 0 1994	32. REGISTRAR'S			e 1	1 0	No. of State	ا لده ا	<i>111</i>		-12	-/3		

3	ı
0	
9	
8	
68	
×	
0	
BOX	
P.O.	
ο.	
_	
S	
$\alpha$	
0	
ŏ	
ш	
RECORD	
-	
TAL	
$\vdash$	
=	
OF VI	
OF	
0	
Z	
$\bar{\circ}$	
=	
ISI	
>	
7	

	_	REGISTRAR		CERT	FICALI	E OF	DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			. TIME OF DEATH	
		Henry E. T	urner					MONT	.25,1	901	YEAR	2:40pm	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	y) IF UNDER	1 4 VEAD	IF UNDER 24 HRS.		OF BIRTH		DURTHE		199
					MONTHS	DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)	ACE (State or Foreig	7
무		213-07-1443	M 2 D F	93 YRS				May	17,1	901	Vir	ginia	
should		9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY	, TOWN	OR LOCATION OF D	DEATH 9c, COUNTY OF DEATH					
2. 3	DIRECTOR	Ivy Hall Geriatric Center Middle River Baltimore											
	5	RESIDENCE OF DECEDENT											
permit. Pages	분	10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWN O	OR LOCA	TION				10	Dd. INSIDE CITY	
<u>ئ</u>	<u></u> =	Md.	Baltimore		Mi	dd1	e River				1	YES 2 NO	
ermi	ابرا	10e. STREET AND NUMBER					1. ZIP CODE			10a, CITIZI		AT COUNTRY?	
	2	1200 Windlage	Dadasa				0.1	000					
020 physician. burial-transit	FUNERAL	1300 Windlass	12. WAS DECEDENT EVER					220			USA		
215-0020 attending physician. se as the burial-trar	교	1 Never Married 2 Married	FORCES? 1 YES				CENDENT OF HISPA			or No- 1	4. RACE - Black, V	- American Indian, White, atc.	
00 p a	Æ	3 TWidowed 4 Divorced	IF YES, GIVE WAR OR D	YES, GIVE WAR OR DATES 1 TYES			2 NO Specif			Specify:			
15-0 ending as the		**	<u> </u>									White	
r afte	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN (Give kind	of work done			168	. KIND OF BUS	INESS/INDU	STRY		
21 Por t	ш	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)								
D spit	ᅙ	7th		Stee	1				S	hipya	ard		
AN the hos detach	ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First.	Middle, Malden	Surname)			
YLAND 21 by the hospital or be detached for u at once.		Loenarda	Turner				Laur		Ellen	She	elby		
Se de B	H	19a. INFORMANT'S NAME (Type/Print)	rarner	405 14411	NO ADDDES	0. (0	<del>!</del>						_
MARYLAND 21215-0020 retained by the hospital or attending physics should be detached for use as the burial notified at once.	임						and Number or Rural				111		
y be		Rita Gresdo		22	14 S	ene	ca Road	<u>B</u> .	Altim	ore N	<u>1d.2</u>	1221	
ORE, No Entrope page 5		20e. METHOD OF DISPOSITION  [X] Burlel 2 Gremation 3 Grem		b. PLACE AND DA			ame of	DAT	E 20c. LO	CATION - CI	ty or Town	, Stata	
FOR HE E MAY RECTOR. P		4 Donation 5 Other (Specify)		ardens			11	128	/94 R	nssvi	110	Md.	
BALTIMORE, er death. Page 6 may bu the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	11			ND ADDRESS OF FA	CILITY				110	
uner am	- 1	Connelly Funeral Home of Essex											
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.													
		23. PART I. Enter the diseases, or	complications that causa	d the death. D	o not anter	the mo	oda of dying, suc	h as can	diac or raspi	ratory arre	nt,	Approximata	
o E			List only one cause on e	rach line.								Onset and De	
												Not Ap	
ted within completely lal, cremati		resulting in death)  e,  DUE TO (OR AS A CONSEQUENCE OF):										1	1
76 Somp		_	DOE TO (OH AS	A CONSEGUENCE	. Orj.								
atte	CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONCECUENCE	.00							1	
	E	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSEQUENCE	: OF):								
BO cate be hysicia prior	2	CAUSE (Disease or Injury	c										
S, P.O. BOX e death certificate be the attending physician Mental Hygiene prior t ilury, or other traus		that initiated events  DUE TO (OR AS A CONSEQUENCE DF): resulting in deeth) LAST											
G H H	ER	resolding in deedily CAST	d									1	
the death y the attend Mental H		PART II Other significant condition	a a nearth with a day of sale.								_		
S 5 8 5 5	EDICAL	PART II. Other significent condition	s contributing to deeth i	out not resultii	ig in the ur	iderlyin	g ceuse given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDI MILABLE PRIOR TO	IGS
COR ires that signed by leafth and	음							1 _ YES 2		DNO		OMPLETION OF CAUS F DEATH?	E
144 3 " 1 21	ME											YES 2 NO	
C 5 8 6 2													
12 e s e	A	25. WAS CASE REFERRED TO MEDICAL	TO CAUSE C	28. PLACE OF D									
/ITA	$\overline{\Omega}$	EXAMINER?	HOSPITAL:		OTHER								
OF VITAL PHYSICIAN: The law this certificate has I with the State Dept rked, or Item 23	PHYSICIAN:	1 VES 2 NO	Bursing Home 5 - Residence 8 - Other (Specify)										
With with	표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY		JURY AT ORK?	28d. DE:	SCRIBE HOW I	JURY OCCU	RED		
	BY	1 Natural 5 Pending 2 Accident Investigation			М	M 1 YES 2 NO							
ATTENDING ATTENDING ECTOR: After s after death		3 Suicide 8 Could not be	28a. PLACE OF INJURY	Y — At home, fan	n, streef, fact	ory, offic	ie	281. LOC	LOCATION (Street and Number or Rural Route Number,				
TSI TTEN TOR: after	TED	4 Homicide determined						City	or Town, State)				
DIVISION OR ATTENDING PINETOR: After hours after death term 28 is man	ш	29e. CERTIFIER		- W						-			
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	를	(Check only	ICIAN: To the best of my know										
HOSPITAL FUNERAL WITHIN 72 I	COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investig	ation, in my o	pinlon, d	Seath occured at the	time, date	and place, en	d due to the	cause(e) e	nd manner as state	1.
THE HOSPI THE FUNER filed within	<u></u>	29b. SIGNATURE AND TITLE OF CERTIFIE	R (Inn				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)	_
THE Flied	@		H35593 ▶				NQV. 26, 1994						
2 6 8 ₹	은	30. NAME AND ADDRESS OF PERSON WH	and the second second	D.O.	rne Printi		1 11000			. 19	ζν.	-0, 13	- ر
	ľ						- 1 -	1 .					
		Dr. John J. Lo	11 01/A S	remmer	s Hur	า ห	oad, Ba	Ito.	MD.	2122	1		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE





FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN NOV VASIL 11:20 A M NORBERT F. 4. SOCIAL SECURITY NUMBER 5 SFY IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH HOURS DAYS 216-24-3209 1 🔀 M 2 🗌 F 63 June 14, 1931 Maryland permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1027 CATHEDRAL AVE APT 12G BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore, City Maryland 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-transit 1027 Cathedral Ave 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 2 X NO 1 YES 2 X NO Specify: B Specify: 3 Widowed 4 X Divorced White 8 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Ш College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 6 Self Employeed Marketing Consultant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ĕ Unknown Vasil Marie Ott BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bruce F. 6 Durness Court -21236 Vasil pe 20s. METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State
4 Donation Other (Specify)
21. SIGNATURE OF FUNERAL SERVICE UCCURREN 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Must office Corp. 11/29/94 Towson, Maryland the medical examiner Leonard J. Ruck Funeral Home, Inc. 5305 Harford Rd. 21214 mell or removal. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory srrest, shock, or heart feliure. List only one cause on each line. Approximate and completely filled in Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** cremation, disease or condition resulting in desth) ATHOROSCOPPOL CARDIOVASCULPA DISTASE event. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) prior to burlal. traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury or other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. thet initieted events resulting in death) LAST Injury, c Health and Ment PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 NES 2 NO OF DEATH? PARMAL 1 TYES 2 T NO certificate has been in the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item 2 ATTENDING PHYSICIAN: The **EXAMINER?** HOSPITAL: OTHER: 1X XES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5X X Sesidence 8 ☐ Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED p-marked, WITH INJURY 1 Natural 1 YES 2 NO B¥ After Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: A be filed within 72 hours per distributed in Homy 28 p. 0 6 Could not be 4 Homicide COMPLE 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE wow. NOV 27, 1994 O.C.M.E. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MARYANITO 111 Penn Street, Baltimore, Maryland 21201 ELL 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 9 1994

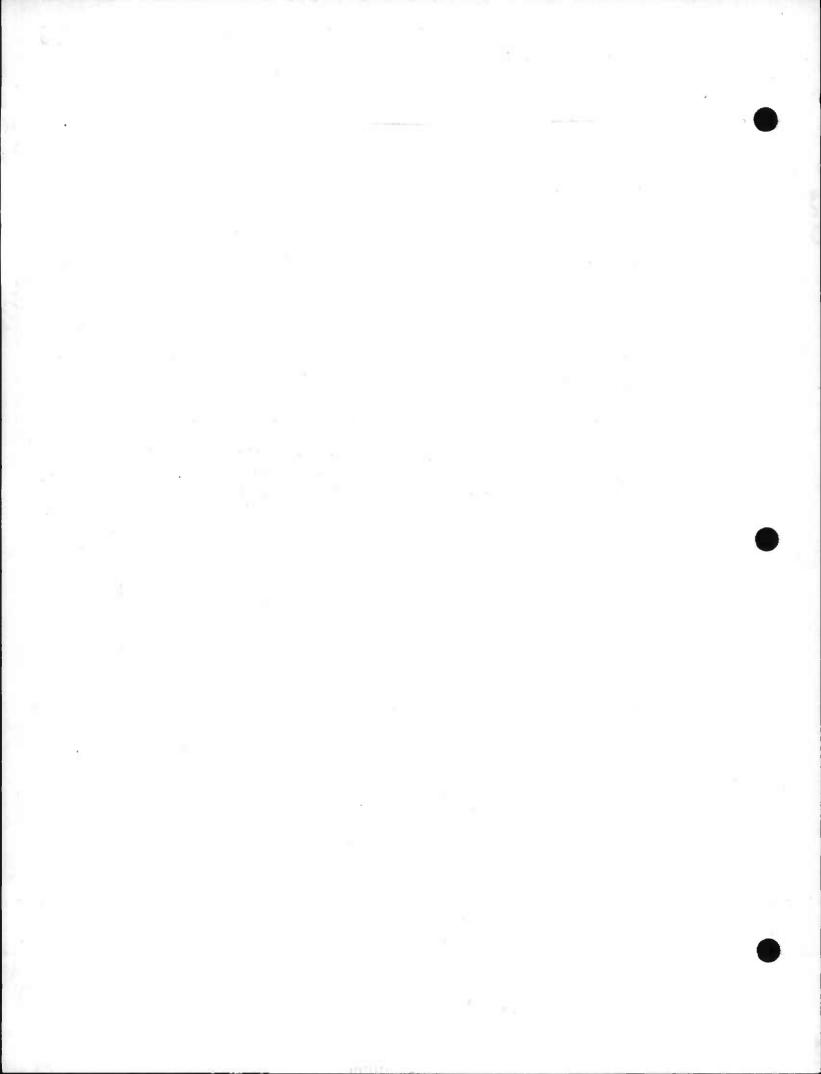
in d'avideor hardall

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) JAMES CLARK VERNON 2. DATE OF DEATH 6.0 A. M. 1.1 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 1 X M 2 | F HOURS 217-18-9800 75 05/28/1919 Virginia 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore City Pages 1, 2, RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 TYES 2 X NO ours after death, Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10a, CITIZEN OF WHAT COUNTRY 415 Oakwood Road 21222 United States 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Ricen, etc.) 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 M Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White 16a. DECEOENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 9 Years Crane Operator Bethlehem Steel Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ĕ Ira McClellan Vernon Josie Ann Marshall BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 0 43557 Cold Bed Ct. Ashburn, VA Dennis J. Vernon pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 5℃ Burial 2 ☐ Cremation 3 ☐ Removal from State Meadowridge Mem. Pk.11/28/94 Donation 5 Qthar (Specify) Dorsey, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. removal. 7922 Wise Ave. Dundalk, MD medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart fallure. List only one cause on each line. filled in by Approximate Interval Between 50 IMMEDIATE CAUSE (Final Onset and Deeth cremation. event, the disease or condition 7 Granguene completely resuiting in death) 2 month DUE TO (OR AS A CONSEQUENCE OF and com traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING death certificate be other t CAUSE (Disease or injury attending physental Hygiene p thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Mental PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS requires that the MEDICAL signed by the AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES s certificate has ber th the State Dept. ( PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL DR ATTENDING PHYSICIAN: The tem HOSPITAL: OTHER 1 TES 2 NO OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) RECOVER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c. 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED marked. 1 X Natural 1 YES 2 NO After BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d 95 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner ee atsted. FUNERAL within 72 ! 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Manger 044378 MO. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) MANSOIR MAHMOUD 2500 KINGHTS Rd. 53-05 BENSALEM FA 18020 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 9 9 1994 Dindem-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6:32

White

MD 2121

Interval Between Onset and Death

18 h-s

Approximate

PM

Items 1, 7 & 10e, g-717, 11-29-94, dr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH t. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Or. ERWIN WITKIN NOVEMBER 23 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) 1926 1 M 2 - F 508-16-7922 19, Aug. Nebraska Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10e. STREET AND NUMBER BYFUNERAL 712 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3801 Canterbury Road #702 21218 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1000 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES ※☐ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? (V) YES 2 18 NO
IF YES, GIVE WAR OR DATES
World War 11-Army 1 Never Married 2 X Merried Specify: 3 Widowed 4 Divorced BALTIMORE, MARYLAND 21215 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only his E hospital or College (1-4 or 5+) Elementary/Secondery (0-12) COMPL 5+ Physician Medicine by the 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Meiden Surname) g Ħ BE Louis Witkin retained notified Bessie Burstein
Imber or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 3801 Canterbury Rd. #712 Baltimore MD 21218 Helen Witkin pe pe 20s. METHOD OF DISPOSITION

1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of after death. Page 6 may DATE 20c. LOCATION - City or Town, State must funeral director, 4 Donetion 5 Other (Specify) Chizuk Amuno Nov 27. 1994 Baltimore MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. filled in by the foon, or removal. 6010 REISTERSTOWN ROAD BALTIMORE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock. Dr heart fallure. List pnly one cause on each line IMMEDIATE CAUSE (Final cremation. the disease or condition resulting in deeth) HEPATIC FAILURE an and completely fill to burial, cremation HCUTE event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): executed with AGGLUTINATION traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): e death certificate be ex ne attending physician a Viental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CYMPAOCYTIC LEUKEMIA CHRONIC CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 6 the deat the atter Mental I PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and de 11/22/94 any SPLENECTOMY signed t 1 TES 2 NO OF DEATH? shows 1 YES 2 NO been x. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has by Dept. PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, The certificate h **EXAMINER?** HOSPITAL: L DR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate I hours after death with the State OTHER: 1 TES 2 NO 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, М t YES 2 NO BY Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner as stated. FUNERAL WITHIN 72 h HOSPITAL -2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7.

P(-1).

4.0

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HERISTRATIS SIGNATURE

29c LICENSE NUMBER

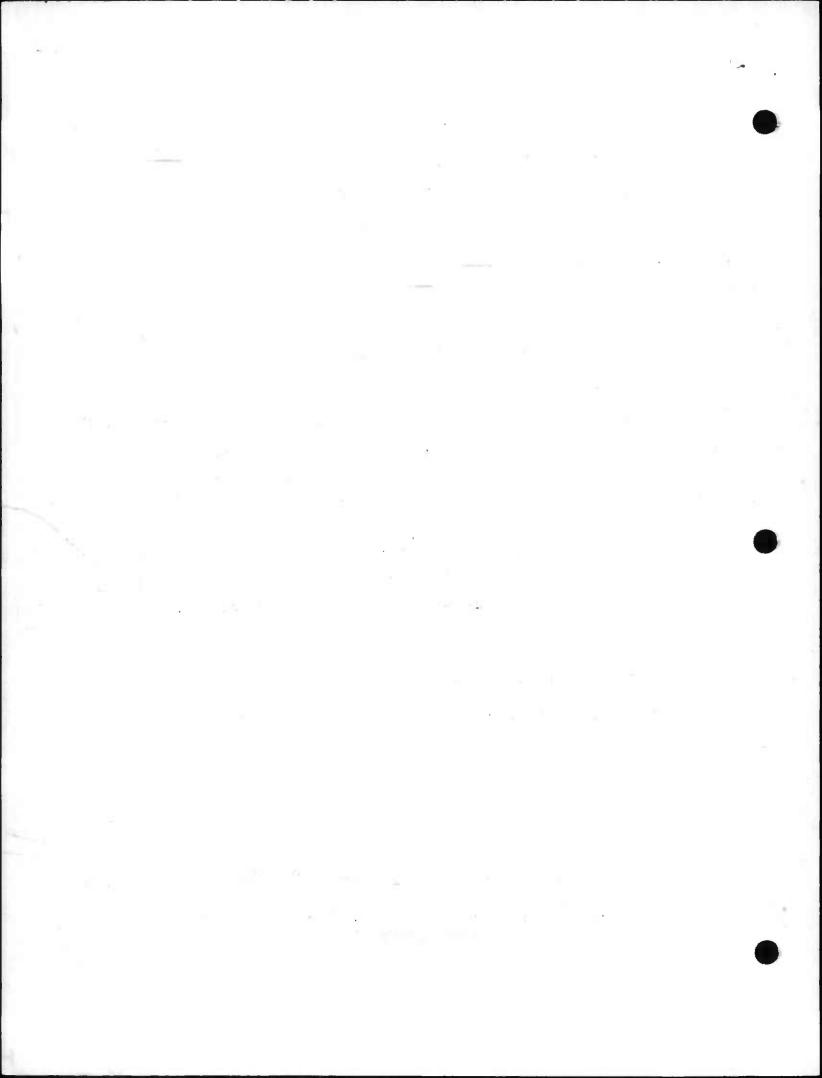
6569 N. CHARLES ST.

P31274

BE

800

11/24



2. DATE OF DEATH MONTH

29c. LICENSE NUMBER

<
7
MARY
AA
-
Ä
OH
ž
E
BAL
B
-
9
09.
8760
9
9
BOX 68760
9
9

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, Year) NOV 2 9 1994

cooton

Boston

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Northwest Hospital

32. REGISTRAR'S SIGNATURE Davidson-Randall

BE

9

ubv

Wunder

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 220-18-4390 1 M 2 N DAYS HOURS 80 YRS. Nov. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Northwest Hospital Center Randallstown RESIDENCE OF DECEDENT 10a STATE 105 COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Owings Mills permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE director, page 5 should be detached for use as the burial-transit 110 Wengate Road 21117 hospital or attending physician. 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED ND 21215-0020 FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 ₩Idowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 9th grade Homemaker Own Home notified at once. 17. FATHER'S NAME (First, Middle, Last) the h 16. MOTHER'S NAME (First, Middle, Maiden Surname) 6 Hayden Zeigler Harriet BE retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Richard Wunder 110 Wengate Road Owings Mills, MD Раде 6 тау be 9 20e. METHOO OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 1 @ Burlel 2 Cremation 3 U 4 Donation 5 Other (Specify) MD Veterans Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Loring Byers Funeral Directors, Inc. amos overes 8728 Liberty Road the f within 24 hours after medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by IMMEDIATE CAUSE (Final the disease or condition Myocardial infarction completely event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) OVER TO (OR AS A CONSEQUENCE OF): and com executed traumatic CERTIFICATION Sequantially list conditiona, ental Hygiene prior to 2 If any, leading to immediate cause. Enter UNDERLYING 8 certificate other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 requires that the death has been signed by the atter Dept. of Health and Mental I injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. RECORDS MEDICAL 24a. WAS AN AUTOPSY PERFORMED? dialetes mellitus (Type II shows any 1 TYES 2 TO NO cerebrovascular diseases DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: The law ! 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item s certificate h HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? with 1 26d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural М 1 YES 2 NO investigat After t BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Suicide COMPLETED 8 Could not be DIRECTOR: / 200 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the ceuse(e) and manner ee stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ea stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

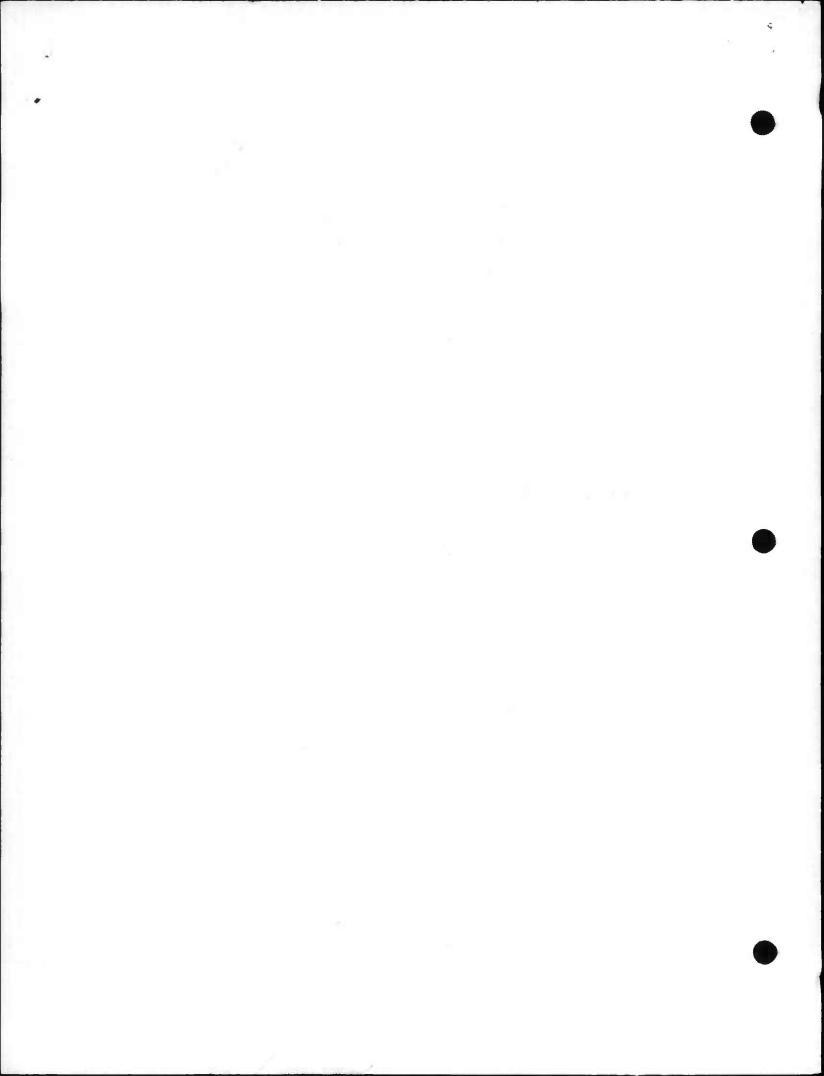
3. TIME OF DEATH 94 23 A M 8. BIRTHPLACE (State or Foreign Maryland 1914 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 A NO 10g CITIZEN OF WHAT COUNTRY? United States 14. RACE - American Indian, Black, White, etc. Specify: White 21117 20c. LOCATION -- City or Town, State 11/28 Garrison, Maryland Randallstown, MD 21133 intarval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 11/24/94

BALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physicii	he funeral director, page 5 should be detached for use as the burial-t
	nours afte	y filled in by th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	R. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physicia	L. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti

ing physician. the burial-transit permit. Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after detections. After this certificate has been signed by the attending physician and completely filled in by the fourth of the principle of the property of the pro

-	FOR STATE REGISTRAR	STATE	0F	MARYLAND / DEPARTMENT OF H CERTIFICATE OF
. D	ECEDENT'S NAME (First, Middle, Last)			

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce		RTMENT					YGIEN EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	MORY Olive		warF	01	^				MONTH	2 3		YEAR 9 H	2145 A M
		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E				HPLACE (State or Foreign
	212-09-4714	1 ☐ M 2 🖾 F	90	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da		1004	Count	try)
	Se. FACILITY NAME (If not institution, give stre	net end number)			9h CITY	TOWN O	R LOCATE	ON OF DE	Aug. 2	ا واد		NTY OF D	aryland
ď	7025 Plymouth Roa												
DIRECTOR	RESIDENCE OF DECEDENT		Pikesville Baltimore							imore			
l m	10e. STATE 10b. COUNTY	STATE 10b. COUNTY											10d. INSIDE CITY
ä	Maryland Bal	ryland Baltimore Pikesville										LIMITS?	
무	TIRESVIIIE										10g. CITI	IZEN OF	WHAT COUNTRY?
E	7025 Plymouth Ro	ađ						21208	R			II	S.A.
FUNERAL		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	MAS DECE		_	IIC ORIGIN? (S	pecify Yes	or No.		
	1 Never Married 2 Merried	FORCES? 1	YES 2 N	10		f yes, spe	city Cube		n, Puerto Ricar			Blac Spec	E — American Indian, ck, White, etc.
à	3 Wildowed 4 Divorced						2 10	Specify					hite
once.	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION (molecular)			USUAL O				16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT u	work done ( se retired.)	unng mos	t of worker	ng					
길릴	12 th		He	omema	aker					Ow	n Ho	ome	
E 5	17. FATNER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middl	e, Maiden	Surname)		
E a	Francis H.	Townse	end				Man	ry	Summe	rfie	1d	Hol:	mes
	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street en	nd Number	or Rural F	Poute Number, C	City or Tow	n, State, Zip	o Code)	
일	Mr. H. Nelson War:	field	70	025	Plymc	uth	Road	l Pi	ikesvi	lle.	Mary	vlano	d 21208
2	200. METHOD OF DISPOSITION		20b. PLACE	ND DATE	OF DISPOS				DATE		CATION —		
Ë	1 Donation 5 Other (Specify)	ral from State	wood 1	matory or c	cher place)	erv			11/2	T.7.	oodla	מד.ד מ	Maryland
Te l	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY												
or other traumatic event, the medical examiner must be notified at once.  ERTIFICATION  TO BE COM	Loring Byers Funeral Directors, Inc.												
- m	2 Septile	161 - 9	ary L	ns	87	28 I	iber	cty F	Road I	Randa	allst	own	MD 21133
D D D	23. PART I. Enter the diseeses, Dr co shock, Dr heart failure. Li	at Dniy one cau	it caused the de use on eech lina	eth. Do	not enter	the mod	ie of dy	ing, suci	h as cerdiec	or respi	retory an	rest,	Approximata interval Batween
9	IMMEDIATE CAUSE (Fine)	IMMEDIATE CAUSE (Fine) Onset and Death											
<u>-</u>	disease or condition resulting in death) a.	Large	OR AS A CONSEC	ree/	0	BSI	NUC	1.0.	2				
2		DUE TO	(OR AS A CONSEC	UENCE O	F):								
S af	Sequentielly list conditions, b. Dehy Drog free												
AT	If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate										i	
RTIFICATION	CAUSE (Disease Dr Injury C.	DUE TO	(OR AS A CONSEC	HIENCE O	<b>5</b> .								
e E	thet initiated events reaulting in deeth) LAST	502 10	(OH AS A CONSEC	OENGE O	+ j.								İ
CEL	d.	d											
ry injury. CAL CE	PART II. Other significant conditions	contributing to	deeth but not r	esuiting	in the un	deriying	ceuse (	given in	Part I. 24s		AUTOPSY	248	b. WERE AUTOPSY FINDINGS
any CA	malnutrition									PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	CORDING DYSA	. 1 6							—   ''	YES 2	NO		OF DEATH?
69	DID TOBACCO USE	ONTRIBIL	F TO CALL	SF O	F DEA	TH \	/FS IT	7 NO	2 [				1 TYES 2 ANO
A 23	25. WAS CASE REFERRED TO MEDICAL		L IO CAU	JL 0					eck only one)				
is marked, or Item 23 s D BY PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Outcation 0	□ <b>3</b> 04	OTHER	t:							
HYS	27. MANNER OF DEATN	28e. DATE OF	ER/Outpatient 3	28b. TIN		ing Nome 28c. INJU		sidence	8 Other (Sp 28d. DESCRIE		N II IDV AA	CHEE	
E E	1 Natural 5 Pending	(Month, E	Day, Year)	tiv.	JURY	WOF	PK? ES 2	NO	and DESCHIE	SE NOW !	WOUNT UC	COMED	
BY	2 Accident Investigation	28e. PLACE C	OF INJURY — At ho	me term	street feet		C3 2 [	_ NO	28L LOCATIO	M /Ctmat		Dunt	On the Manager
28 ts	3 Suicide 6 Could not be 4 Nomicide determined	building,	etc. (Specify)			ory, ornice			28t. LOCATIO City or To	wn, State)	and Number	or Huntil	Houte Number,
LET	29e. CERTIFIER												
= dy	(Check only 1 CERTIFYING PHYSICI												
PORTANT: If Item BE COMPLE	2 MEDICAL EXAMINER	. Un the Deele of e	xamination end/or I	nveatigation	on, in my o	pinion, de	ath occur	rad at the	time, date end	plece, en	d due to th	te ceuse(i	a) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	ENSE NUN	IBER		29d. DAT	E SIGNED	D (Month, Day, Year)
<b>₽</b>	Clean il	de ma	en m	.0.			0	290	085			111.	25194
1 7	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAU	SE OF DEATH (ITER	A 27) (Type	, Print)								
	Allon J. Chi	1605	4.0		310	01	000	000	+ Ro	60		21	133
1	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE										
	NOV 2 9 1994 July	a d'aucho	randall										



BALTIMORE, MARYLAND 21215-0020

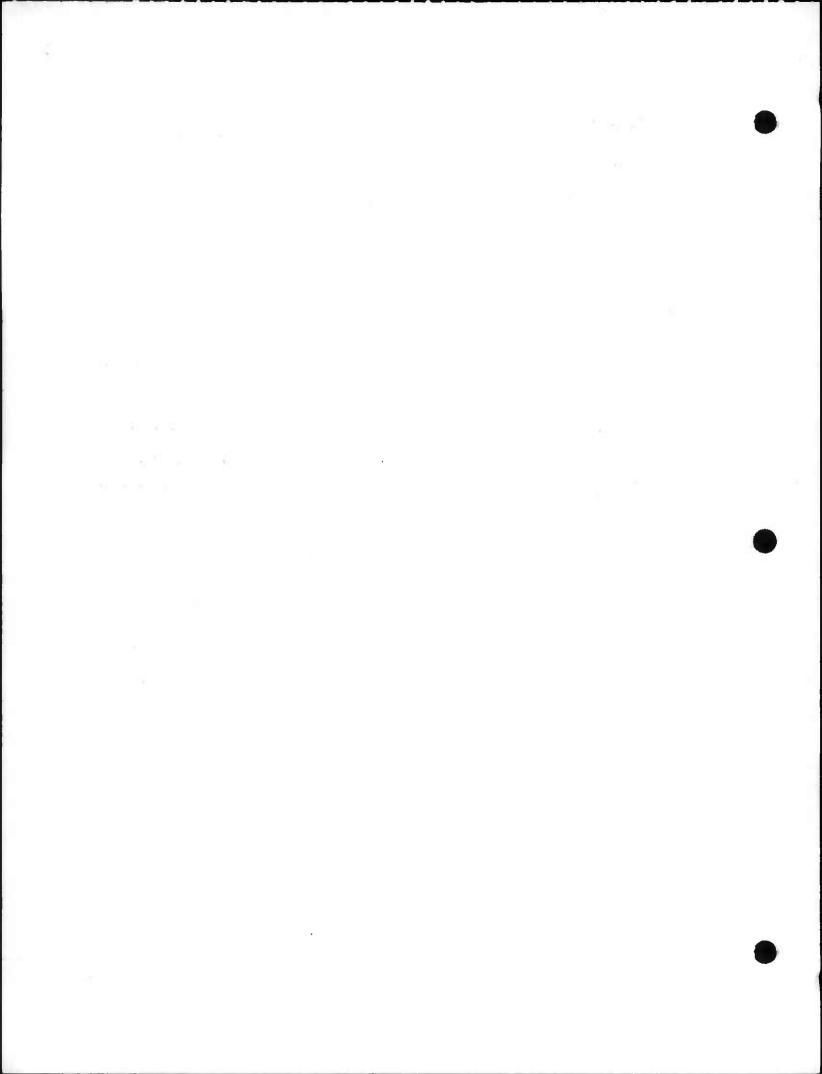
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nurs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Y removal.	nedical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	MEGISTRAM				CERTIF	ICALL	- 01	DEA		REG. NO	J.		
	1. DECEDENT'S NAME (First, JOSEPHINE M	,		Γ							DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB				1.000			ov. 25,1994					
		MONTHS DAYS HOURS MIN. (Month, Day, Year)							8. BIRTI Count	HPLACE (State or Foreign ry)			
	577 42 3722 64 Se. FACILITY NAME (If not institution, give street and number)						- 61	Diffe		MAR 15.1			ryland
α.	98. PAGILITY NAME (if not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH	
DIRECTOR	22 Goodrich Rd RESIDENCE OF DECEDENT						Annapolis A					Co	
	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN C	R LOCAT	TION			-		10d, INSIDE CITY
1 5	Md AACo RIVA										LIMITS?  1x(x) YES 2   NO		
	10e. STREET AND NUMBER				1. 1/1	V.A.	101	. ZIP COD			10g. CI	TIZEN OF V	WHAT COUNTRY?
8	501 Forest F	₹d						1110					
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. 1		1140	F HISPAN	IC ORIGIN? (Specify Y		SA La BACI	E - American Indian
	1 Never Married 2		FORCES? 1			- 1	f yes, sp	ecify Cuba 2 NO	n, Mexical	n, Puerto Rican, etc.)			E — American Indian, k, White, etc.
ВУ	3 € Widowed 4 □ Divo	rced						-X	opouny	•		WPP	YE
		EDENT'S EDI		18a.	OECEDENT'S	USUAL OC	CUPATIO	ON est of workin	<i>a</i>	16b. KIND OF B	JSINESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT us	se retired.)	runny mo	at or worki	¥				
MP				C1	lerk	iavT	st			Fede	ral G	over	nment
COMPLETED	17. FATHER'S NAME (First, MI	iddle, Last)						18. MOTI	IER'S NAI	ME (First, Middle, Malde	n Surname)		
BE	George Paul		1							ouise Beni			
0	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Number, City or To	wn, State, Zi	ip Code)	
-	Patricia L.				1454	Midd]	eto	wn Re	d; Anı	napolis,M	1.214	01	
	20a. METHOD OF DISPOSITI 文景 Burlal 2 □ Crematio	n 3 🗆 Ren	noval from State		CEAND DATE		ITION /Na	me of			OCATION -		
	4 Donation 5 Other		1	- HII	LCRES'	I CEN				1/29/94AN	NAPOL	IS M	D j
	21. SIGNATURE OF FUNERAL	L SERVICE LI	ICENSIE /	4				DCIE		E, ANNAPOL	TC MD	214	01
	//roma	o X	Harder	tes						AL HOME P.		. 2 1 11	01
	23. PART i. Enter the di	seases, or	complications the	t caused the	dasth. Do r	ot anter	tha mo	de of dy	ng, such	as cardiac or raa	piratory si	reat,	Approximate
	immediate cause (Fin	Bart fallure.	. List only one cau	ise on aach i	lina.	_							interval Between Onsat and Death
	disesse or condition resulting in death)	<b>→</b>	Mod	matro	the	V	1 4 4 3	0	Car	rcer			1.000
	resulting in quatri)	•	DUE TO	OR AS A CON	SEQUENCE O	F):	<b>\</b> \\\\	7	2001	na i			1 years
z			b.					•					1
CERTIFICATION	Sequentially list conditi- if any, leading to immed	diata	DUE TO	(OR AS A CON	SEQUENCE O	F):							
<u>8</u>	cause. Enter UNDERLY! CAUSE (Disease or Injur		c										
=	that initiated svents resulting in death) LAST		DUE TO	(OR AS A CON	ISEOUENCE O	F):							
H	resulting in death) CAS		d										
	PART ii. Other significat	nt conditio	na contributing to	deeth but no	ot resulting	in the un	dariying	cause o	iven in	Pert I. 24a, WAS A	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
EDICAL	Co	PID						1000	2000	PERFO	RMEO?	1 3.3	AVAILABLE PRIOR TO COMPLETION DF CAUSE
										1 TYES	2 NO		DF DEATH?
≥	DID TOBACCO US	SE CONT	PIRLITE TO CA	LISE OF D	EATL VE	s $\square$ N	IO E	LINC	ERTAIN			1	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO		T TO CA		LACE OF DEAT			DINC	CKIAII				
100	EXAMINER?		HOSPITAL:			OTHER	1;						
ΙŽΙ	27. MANNER OF DEATH		28a. DATE OF		28b. TIM		28c. INJ	-	aldenca	8 Other (Specify) 28d. OESCRIBE HOW	IN HIRV OC	CHBED	
		Pending	(Month, D	lay, Year)	INJ	URY		RK?	NO.	200. OLYOMBE HOW		CONED	ì
ВУ	2 Catalan	nvestigation	28e. PLACE O	F INJURY — A	home, farm, s	street, facto		_		281. LOCATION (Street	and Numbe	v ov Rumi i	Pourte Number
윤	- " "	Could not be determined	building,	etc. (Specify)						City or Town, State	)	or riorar r	vous rumos,
COMPLET	29e. CERTIFIER	EVINC BUTT	MOIANI, To Co.			=76	_						
₩ W	(Check only									to the cause(e) end mo			
8		A -		Amminerion end.	ror investigatio	ii, in my o	pinion, d	eath occur	ed at the t	time, data and place, a	nd due to t	he ceuse(a	) end menner as stated.
H	296. SIGNATURE AND TITUE	OF CENTIFIE	2600	2111	\			29c. LICE	NSE NUM	BER 1	29d. OAT	TE SIGNED	(Month, Day, Year)
P	20 NAME AND ADDRESS OF	Tes!	-CHOICE	CMI	)				10	194		11	28194
	30. NAME AND ADDRESS OF	PERSON W	NO COMPLETED CAN	SE OF OEATH (	ITEM 27) (7ype,	Print)				,			
	31 DATE FILED (Month Com	thur)	1 . A proper	ni Charter	-	·			_				
ı	NOV 2 9 199	14 Au	THE PREGISTRA	TEST !	E								
	11010												1 I



BALTIMORE, MARYLAND 21215-0020

68760 BOX o. ۵. DIVISION OF VITAL

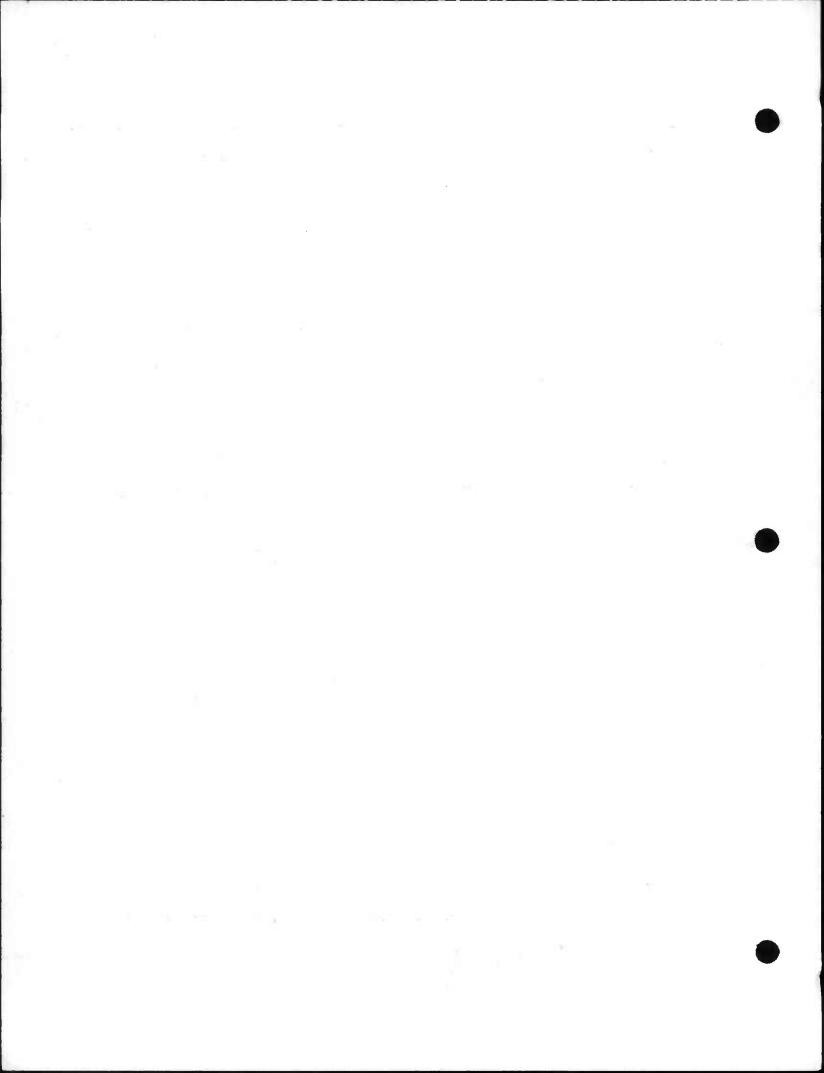
STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD BERNICE WOODS NOV 94 10:45 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Forniar (Month, Day, Year) 02-28-25 219-14-0240 1 M 2 X K 69 YRS. MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 11 W.20th STREET APT.17R BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? apt. 17R leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit 11 W. 20th Street 21218 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES X NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: Black BY 3 Wildowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marshall French at Evelyn Wallace BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lenora M. Gordon 2005 Lydonlea Way apt.B Balto.,MD Pe 20a. METHOD OF DISPOSITION
1 № Kurlai 2 □ Cramation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must ery, crematory or other Zion 4 Douetion 5 Other (Specify) Baltimore, MD 12 Mt examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. James. A. Morton & Sons Funeral Home Marlow 1701 Laurens Street Balto the medicai 23. PART ILE Mer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, completely filled in by Approximate ock, or heart fellure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition\_ ATHOROSCIE ROAC CARALOVASIMION DISPOSE resulting in death) the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) 0 if any, leading to immediate attending physician ntal Hygiene prior to cause, Entar UNDERLYING CAUSE (Diseasa or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST 0 been signed by the atte injury. PART ii. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? SCHIZOPIANE NID requires that any DISONDER -1 YES 2 NO Shows HEBDONLY 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem this certificate h HOSPITAL OTHER: XXVES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Realdence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural 5 Pending 1 YES 2 NO BY After t 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 item 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee attend. FUNERAL within 72 I HOSPITAL \* TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE me O.C.M.E. NOV 27, 1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) . Kolch My 111 Penn Street, Baltimore, Maryland 21201 Myparts 34. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
NOV 2 9 1994 his Danden Rendered

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

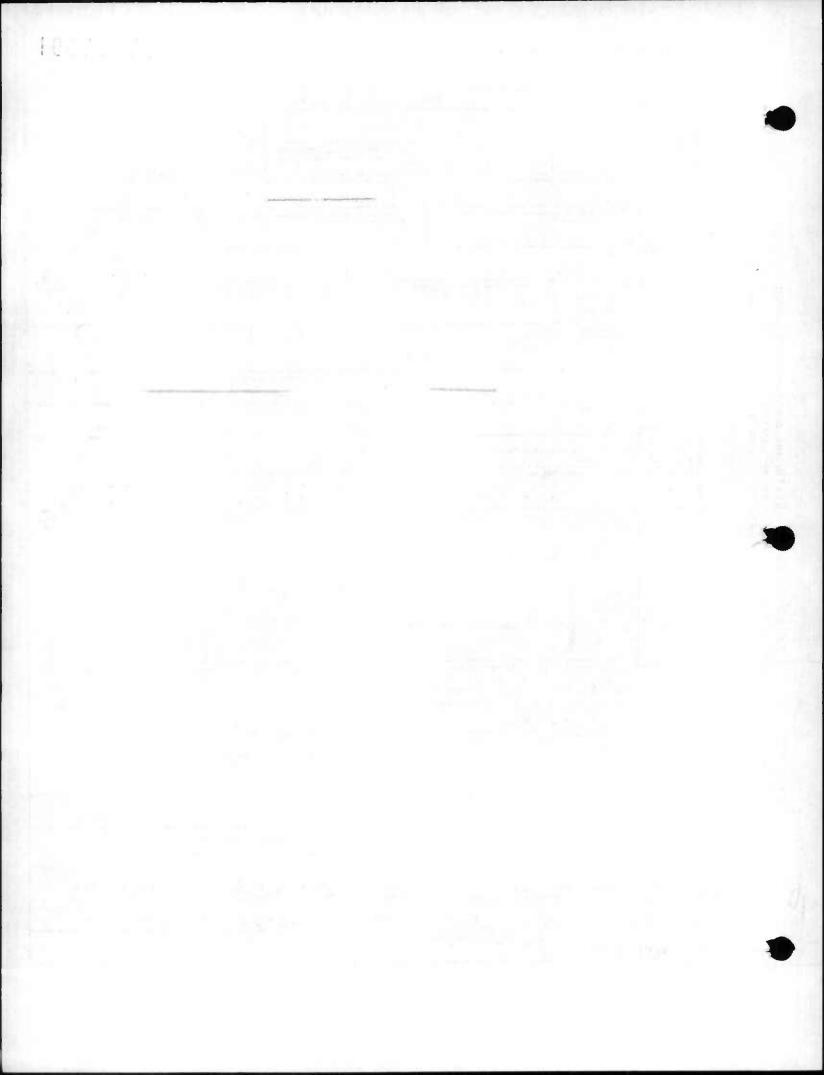
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2475 Urs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 17. & 18. PER F.H. FILM G-718 12/6/94 t.t

	ITEM: 9b, PER F.H. FILM G-717  FOR STATE OF I  TEM: 9b, PER F.H. FILM G-717  STATE OF I	MARYLAND /	DEPAR	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) The Lma		Volf			2. DATE OF DEATH NOVEMBER		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  2/6 03 6705  1 □ M 2 ☒ F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)  July 16, 1915 Manyland					
TOR	90. FACILITY NAME (If not institution, give street and number)  128 Bar Harbor Road  RESIDENCE OF DECEDENT	144			or Location of D		Anne	of DEATH Arundel			
DIRECTOR	10s. STATE 10s. COUNTY Maryland Anne Arunde	_	r, town on Loc Isadena	140							
FUNERAL	10e. STREET AND NUMBER 128 Ban Hanbon Road			2//22		1112	S.A.				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDED FORCES? 15 YES, GIVE V	NT EVER IN U.S. ARI I YES 2 2 N MAR OR DATES	MED 10	If yes,	ECENDENT OF NISPA apacify Cuban, Maxic ES 2 X NO Speci	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	(Specify only highest grade completed) (Give kind of work do				k done during most of working stired.)					
BE CO	17. FATHER'S NAME (First, Middle, Lest) Raymond &	nonhice	- CRON	ISE	18. MOTHER'S N	AME (First, Middle, Maiden	Sumame) EDI	TH WILKINSON			
TO B	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  128 Bar Harbor Road Pasadena, Maryland 21122										
	20a. METHOD OF DISPOSITION  1 & Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of complete, company) of place (Specify)  20c. LOCATION - City or Town, State  20c										
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	Yon	رو	22: NAME 9001	AND ADDRESS OF FA	ice Funeral	Home				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Clumb Real Juliu										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2										
SICIA	25. NAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO 1   Impellant 2	ER/Outpetlent 3	D DOA	OTHER:	PLACE OF DEATH (C)						
	27. MANNER OF DEATH  1 Netural 5 Pending 28s. DATE OF (Month, D	INJURY.	28b. TIME INJ	OF 25c. II	LJURY AT	28d. DESCRIBE HOW II	NURY OCCURE	10			
TED BY	2   Accident Investigation 3   Suicide 6   Could not be determined determined   28e. PLACE OF INJURY - At home, farm, street, factory, office   City or Novn, State)  28e. PLACE OF INJURY - At home, farm, street, factory, office   City or Novn, State)										
COMPLET	29s, CERTIFFER (Check only 2 MEDICAL EXAMINER: On the beat of a							use(a) and manner as state-4			
H H	296. SIGNATURE AND TITLE OF CENTURES				29c. LICENSE NUI			GNED (Month, Day, Year)			
٩	39. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE	SE OF DEATH (ITEM		Print)	Somaller	and the	Pa	selent po			
		ALTHANDS S. L.	/		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						



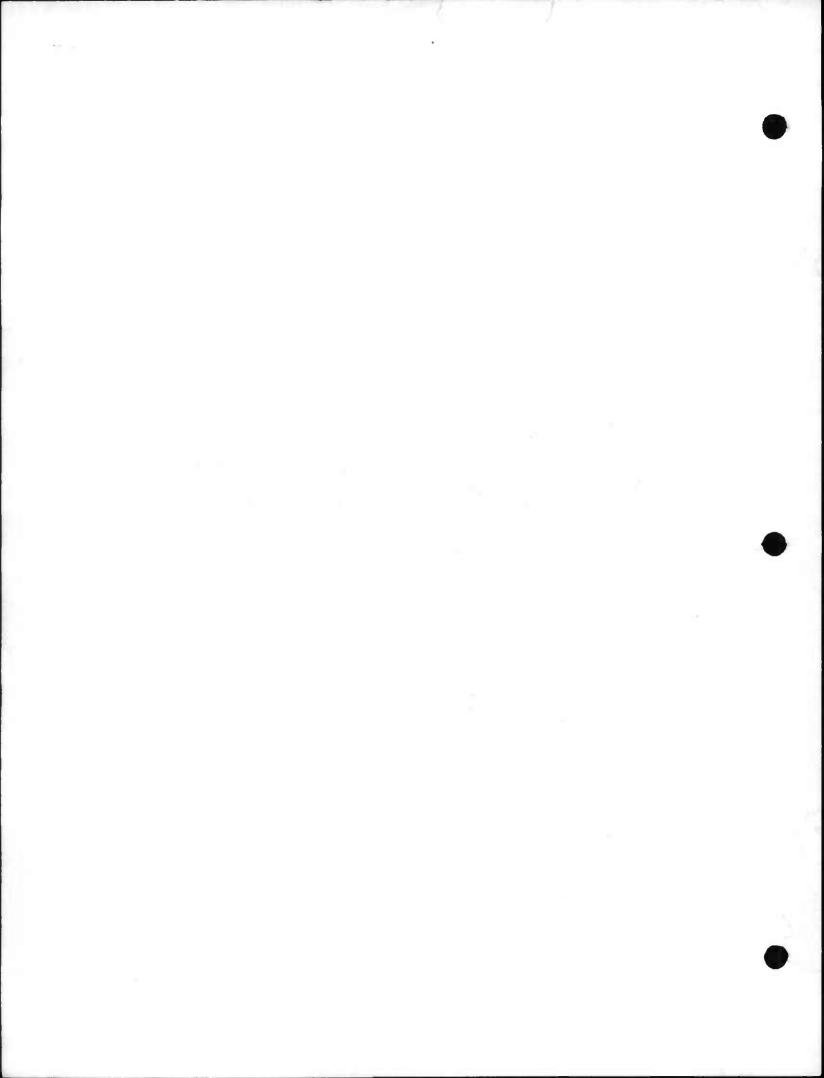
_
o i
8
7
œ
9
×
0
8
~
0
0
S
$\alpha$
0
Ü
ш
Œ
_
7
>
ш
0
7
$\overline{\mathcal{L}}$
5
=
2

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

	REGISTRAR		CERTIF	CATE	OF DEAT	ГН	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH			3. TIME OF DEATH
	MARVA MARION WEST			MONTH NOVEMBER					ν 6 10	YEAR	1820 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	MGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER		7. DATE OF B		0 13		IPLACE (State or Foreign
	01/ 00 0101	1 🗆 M 2 î XF			AYS HOURS	MIN.	(Month, Day	( Year)		Count	ry)
	214-38-9101		57 YRS.				JUNE 2	7, 19	937	MARY	YLAND
_	9e. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TO	WN OR LOCATI	ON OF DE	ATH		9c. COL	UNTY OF D	EATH
6	ST. AGNES HOSPITAL BALTIMORE CITY BALTIMORE									[MORE	
5	RESIDENCE OF DECEDENT					OII					ETIONE
DIRECTOR	10e. STATE 10b. COUNTY	ſ	18c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
╗	MARYLAND BAL'	TIMORE		BAL	TIMORE	CITY	Z				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10t, ZIP COD	E			10g. CIT	FIZEN OF V	WHAT COUNTRY?
	4907 BELLE AVENU	r			2120	7			17	CA	
ξ	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13 WM	OECENDENT O		IC OBIGINS IS-	anthi Man		SA.	E — American Indian,
	1 Never Married 2 X Married	FORCES? 1 🗌	YES 2 NO	If ye	s, specify Cuba	n, Mexicar	n, Puerto Rican		Of NO-	Bleck	k, White, atc.
à	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	1 -	YES 2 NO	Specify	:			Spec	
	15. OECEDENT'S EDU	CATION	16a. DECEDENT'S	I COOL	DATAGAL					BLA	ACK .
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done duri	ng most of working	g	160. KIN	OF BUS	INESS/IN	DUSTRY	
ا جّ	Elementary/Secondary (0-12) 12th GRADE	College (1-4 or 5+)		,							
ŜΙ			HOME	MAKER				OWN		HOME	
3 I	17. FATHER'S NAME (First, Middle, Lest)				18. MOTI	HER'S NAI	ME (First, Middle	, Maiden	Surname)		
BE	JAMES (	OWENS			MAF	RION			WA1	LKER	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (S)	reet and Number	or Rural F	Route Number, C	ity or Town			
2	CLARENCE V	VEST	4907	REITE	AVENUE	7 70 A	TTTMOD	T7 3	4 A D 3/1	CARA	01007
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE			1. D.F	OATE			- City or To	
	1 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation S ☐ Other (Specify)	oval from State	WESTERN ST	ther place)	ATEMPTED 37	1	1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	WESTERN S.		ME AND ADDRE			940A1	LONS	VILLE	, MARYLAND
-	►(\n)a ()-	n h	( 00	Josi	ЕРН Н.	BROW	N JR.	FUNE	CRAL	HOME	P.A. MD. 21223
_	- Cours	10.10	810								, MD. 21223
	23. PART I. Enter the disesses, or o shock, or heart failure.	complications that car	used the death. Do	not enter the	mode of dy	ing, such	ss cardiec	or respi	ratory as	rrest,	Approximats
	IMMEDIATE CAUSE (Final										interval Between Onset and Death
	disease or condition	Mul	tiple 1	4/0/00	a						111
	resulting in death)	0	AS A CONSEQUENCE O								years
_	_	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,.							i'
CALION	Sequentially list conditions,	D	AS A CONSEQUENCE O	E\.							
7	If any, leading to immediate cause. Enter UNDERLYING	552 10 (611	NO A CONSCIOUNCE O	٠,.							i
3	CAUSE (Disease or injury										
=	that initiated events resulting in death) LAST	DOE TO (OH	AS A CONSEQUENCE O	F):							
CEHILL	rossiang in sesuit Exer	d									
- 11	PART II. Other significent condition	s contributing to des	th but not moulting	in the under	dylna causa a	duen in I	Bart I 24a	WAC AN	AUTOPSY	1	WERE AUTOPSY FINDINGS
3	0	un loidosis	an bat not recenting	in the dilger	iying couse (	liven in i	rart I.   248.	PERFOR		240	AVAILABLE PRIOR TO
5 1	21	27101208VS	- 0 /	- 0			1□	YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
Ĕ		vonce a	enal fou	luce		55	_				1 TES 2 NO
		story of 1	Myocardia	P I	Marct	in	. [				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF O	EATH (Che	ick only one)				
7	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 DOA	OTHER:	Home 5 🗆 Re	sidence	R - Other (Sou	wift()			
E	27. MANNER OF GEATH	28e. OATE OF INJU	IRY 28b. TIN	E OF 28	. INJURY AT		28d. DESCRIB		JURY OC	CCURED	
	1 Netural 5 Pending	(Month, Day, Ye	ear) IN.	JURY M 1	WORK?	I NO					
à	2 Accident Investigation	28a PLACE OF IN	IURY — At home, term,			1110		1 100	9		
3	3 Suicide 6 Could not be 4 Homicide datermined	building, etc.	(Specify)	street, rectory,	Office	- 1	28f, LOCATION City or Tox	rn, State)	nd Numbe	r or Rural F	Route Number,
i I											
2 1	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge, death occurr	ed at the time,	data end place,	end due	to the cause(e)	end man	ner se ata	ited.	
COMPLE	one) 2 MEDICAL EXAMINE										) end manner ee stated
	296. SIGNATURE AND TITLE OF CERTIFIER										
u l	1811111	Stuge	- (SCRI	1668	29c. LICE	NSE NUM			29d, DAT	TE SIGNED	(Month, Day, Year)
2	/ Across	0		/		385	4)		•	11/20	184
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	, Print)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	NATURE			<u> </u>					
	NOV2 9 1994 9	was a mountain									

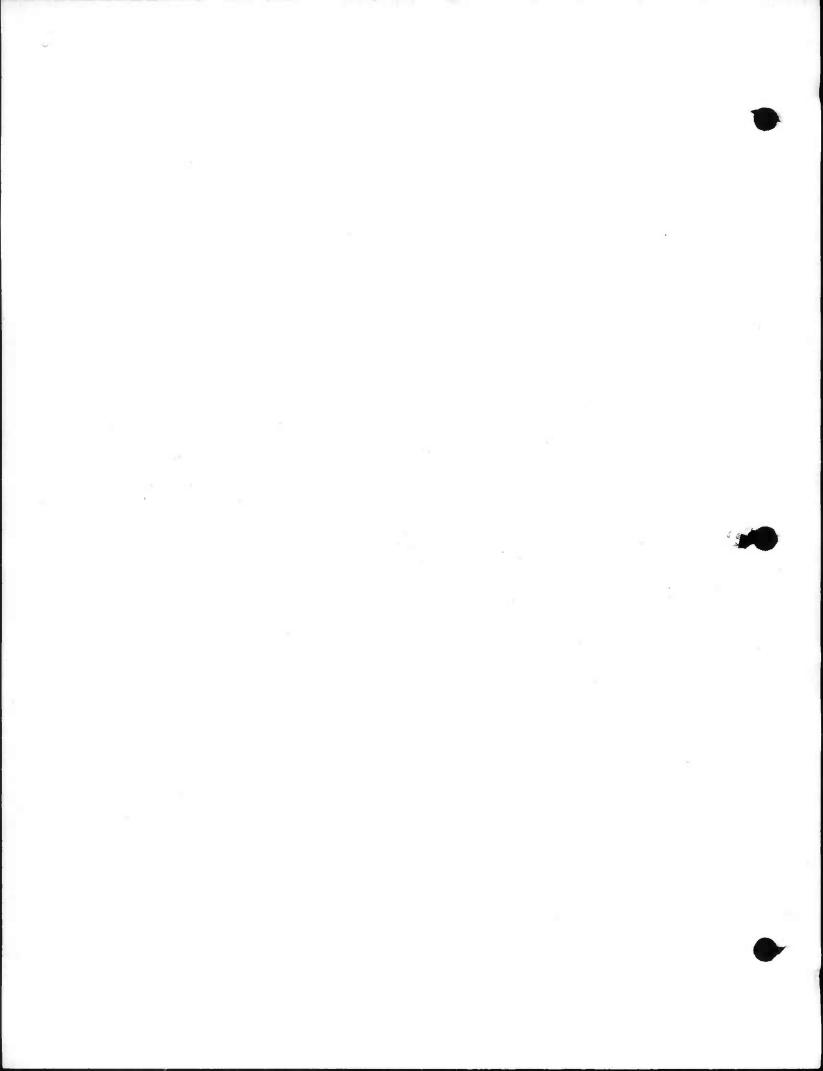


0	
<b>BOX 68760</b>	
~	
100	
00	
Θ	
$\sim$	
$\circ$	
$\sim$	
m	
_	
$\circ$	
_	
P.0	
M.	
RECORDS,	
S	
-	
=	
<b>E</b>	
=	
$\Box$	
$\sim$	
(1	
~	
111	
m	
_	
a	
-	
_	
ITAL I	
_	
$\rightarrow$	
11	
-	
$\sim$	
$\mathbf{\mathcal{C}}$	
7	
ISION (	
$\sim$	
CD	
~/	
_	
>	
_	
2	
_	
_	4

CINE. After this certificate has been signed by the attending physician and complete red in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNCTION AND THE THIS CENTRAL OF THE CONTRACT AND THE CONTRACT AND THE FUNCTION AND THE FUNCTION AND THE FUNCTION AND THE FUNCTION AND THE CONTRACT AND

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENI				
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>				2. DATE OF OEATH MONTH DA	YEAR	3. TIME OF DEATH		
	ALMA	WADE						3:05 P. M		
	212-30-1432	M K F		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) APRIL 29, 1933  8. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA				
_	9e. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN C	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	MARYLAND GENERAL	110012112				ΓY	BALTIN	MORE		
EC.	10a, STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	_	10d. INSIDE CITY			
	MARYLAND			RANDALI	LSTOWN			LIMITS?  1 X YES 2 NO		
₹ I	100. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	3907 ROXANNE ROAD	2. WAS DECEDENT EVER IN U	10 40450		21133		USA			
F	1 Never Merried 2 Nerried	FORCES? 1 YES	2 X NO	If yes, sp	endent of HISPAN ecify Cuben, Maxice 2 X NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	Blac	E — Americen Indien, k, White, etc.		
ВУ	3 Widowed 4 Divorced	ii res, are rem on ban		I TES	2 LALMO Specify		Spec BLA			
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade cor	TON 1 mpleted)	6e. DECEDENT'S U	rk done durina mo	on st of working	16b. KIND OF BUS	INESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) (	College (1-4 or 5 +)	BANK (			DANIE	7			
MO	17. FATHER'S NAME (First, Middle, Last)		DANK (	LEKK	18. MOTHER'S NA	ME (First, Middle, Maiden :				
ш	FESTER	SADDLER			BESSIE		FLEMING			
TO B	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)			
-	SAMUEL WADE JR					DALLSTOWN,	MD. 2113	3		
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Remova  4 Donation 5 Other (Specify)	of from State cemete	LACE AND DATE OF ery, cremetory or oth	er plece)		1	CATION — City or To	107040		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		UTUS CEN		ID ADDRESS OF FAC	11-25-94 AF	RBUTUS, MAR	CYLAND		
	▶ (O/n)	B	_			WN JR. FUN	ERAL HOM	E, P.A.		
	23. PART i. Enter the diseases, or con	nnlications that caused t	he death. Do no	1913	W. BALTI	MORE ST.	BALTIMOR	E. MD.21223		
	shock, or heert failure. Lis	t only one ceuse on eec	h iine.					Approximate interval Between Onset and Death		
	disease or condition resulting in death)	Respirate	oru fai	luma -	Shapto	ococcus lo	hallmanic	Onset and Death		
		·			0	4	0.00			
NO	Sequentially liet conditions, b.	Sepsis .	ONOFOLIENOE OF							
ATI	if eny, leading to immediate cause. Enter UNDERLYING	Book of C	ONSECUENCE OF):	Dan e	with R	min ha	100			
Ħ	CAUSE (Disesse or injury thet initleted events	Breast Court TO (OR AS A CO	ONSEQUENCE OF)	,		1	7 4 64. 7			
CERTIFICATION	resulting in death) LAST			Lui	g mese	Starro				
AL C	PART ii. Other significent conditions of	contributing to deeth but	not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS		
S	itypatensiv					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC							P.C.	OF DEATH?  1 YES 2 NO		
Ä	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIN	v 🗆				
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:	PLACE OF DEATH	(Check only one)						
14S	1 VES 2 NO 1	28e. DATE OF INJURY		Nursing Hom	e 5 🗆 Rasidence	8 Other (Specify) 28d. OESCRIBE HOW IN				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	28d. OESCHIBE HOW IN	IJURY OCCURED			
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, ferm, str			28f. LOCATION (Street o	nd Number or Rural I	Route Number,		
TE	4 Homicide determined	building, atc. (Specify)				City or Town, State)				
COMPLETED		N: To the best of my knowled								
Į į	one) 2 MEDICAL EXAMINER: (	On the beals of examination a	nd/or investigation,	In my opinion, d	eath occured at the	time, date end place, and	d due to the cause(s	s) and menner as stated.		
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	0 /	1361	0	29c. LICENSE NUM		29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	Ronny &			House	Zieth.	11-	21-94		
	827 Linden	2	Balt		up ziz	N.I.				
	31. DATE FILED (Month, Day, Year)	, , , , , , , , , , , , , , , , , , , ,		49/	of cle	07				
	NOV 2 9 1994 Jul	32. HEGISTRAR'S SIGNATI	Gell					i		



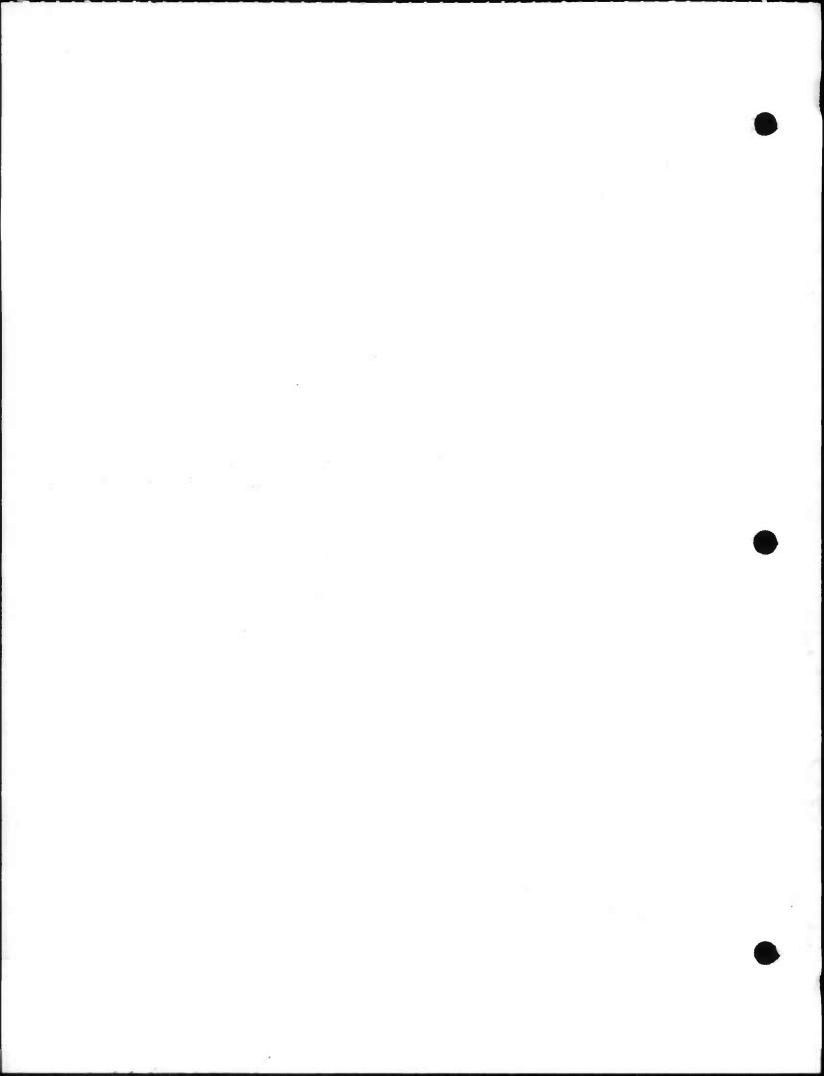
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE FUNERL DE FILE WITHIN Z. IN IMPORTANT: ILL

NO PHYSICIAN: The law requires that the death certificate be executed within announce after death. Page 6 may be retained by the hospital or attending physician.

The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be to state Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

The medical examiner must be notified at once. SOME PHYSICIAN: The law requires that the death certificate be executed within

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  MATTIE	<del></del>	MOODAI	WOODARD			2. DATE OF DEATH MONTN DAY YEAR 3. TIME OF DEATH		
		5. SEX 6. AGE	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	NOV. 2	23, 199		3:00 A. M
			56 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	ar)	Country)	ACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give stre	eet and number)			OR LOCATION OF D	EATH		ITY OF DEA	
DIRECTOR	2521 HOLLINS STRE	EET		BALT	MORE CIT	<u>Y</u>	BAI	TIMO	RE
REC	10a. STATE 10b. COUNTY	T MTMODE	10c. CITY	, TOWN OR LOCA		P37		1	0d. INSIDE CITY LIMITS?
	MARYLAND BA	ALTIMORE			MORE CIT		44-10/20		YES 2 NO
ERA	2521 HOLLINS STREE	ET			21223			SA.	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yea, ap	ENDENT OF HISPAI ecity Cuban, Maxics 2 X NO Specifi	an, Puarto Rican, at		Black, \ Specify:	- American Indian, Whita, atc.
	15. DECEDENT'S FOUCH	ATION	16a. DECEDENT'S	USUAL OCCUPATE	DN .	16h KIND O	F BUSINESS/INDI	BLAC:	K
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during me e retired.)	est of working			oo m	
MP	10th GRADE		HOME	MAKER		OWI			
		ARKNESS			CINDER	AME (First, Middle, M RELLA	aiden Surname)	F	OLLEY
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City of	or Town, State, Zip	Code)	21222
	GENERAL GRANT WOOL				STREET,	-			
	1 X Burial 2 Cremation 3 Ramov	rai from Stata cerr	PLACE AND DATE OF STREET, CREMETORY OF STREET, CREM	her plece)		11-28-94	e. location — o		terms in
	21. MGHATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY			
	JUNIOU SION	WILL							E; MD.21223
	23. PART I. Enter the diseases, or co	mplications that caused ist only one cause on a	tha daath. Do n ach lina,	ot antar tha mo	da of dying, suc	h aa cardiac or	raspiratory arre	est,	Approximate Interval Batwean
	disease or condition resulting in dasth)	Matastal DUE TO (OR AS	77 med	lignerey	to bere	am	with		Onset and Death
Z	disease or condition resulting in desth)  a. Matastatz malignary to brain with  DUE TO (OR AS A CONSEQUENCE OF):  b. when we grimary								
ATIC	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):	J				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					
	resulting in death) LAST								
4	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO								
PHYSICIAN: MEDIC						1 🗆 YI	ES 2 NO	0	DMPLETION DF CAUSE F DEATH?
Σ.	DID TOBACCO USE CONTRI	RUTE TO CAUSE O	E DEATH YE	S II NO F	] UNCERTAI			1	☐ YES 2 ☐ NO
SIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT	H (Check only one)	JONCERIAI				
YSIC	1 - YES 2 NO	HOSPITAL: 1   Inputiant 2   ER/Outp	etlant 3 🗆 DOA	OTHER: 4 - Nursing Hon	e 5 🗆 Rasidence	8 Other (Specify	)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	URY AT DRK? YES 2 NO	2ad. DEŞCRIBE H	OW INJURY OCC	URED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, s			281. LOCATION (Street and Number or Rural Route Number.			te Number,
ELE	4 Homicide determined	admining, and Coppe				City or Town,	State)		
COMPLETED		AN: To the best of my know.  On the bests of examination							nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	the fromt			29c. LICENSE NUI		29d. DATE	SIGNED (M	lonth, Day, Year)
<u>و</u>	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	D319	14/		1725	74
	606 Hammy	ido Lein	ie						
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE						
	NOV 2 9 1994 July	The state of the s	-						



Should

	2		
	Pages 1	•	
	ermit.		
į.	ansit pe		
hysicial	unial-tr		
d Builpi	s the b		
or atter	use a		
Spital (	hed for		.,
the ho	detac		once
ned by	ould be		led at
e retail	e 5 sh		notif
may b	or, pag		ust be
Page 6	direct		Br m
death.	funera		xamir
s after	by the	emoval	dical
- nonr	filled in	In, Or r	e me
within 2	pletely	rematic	ent, th
cuted	moo p	ourial, c	tic ev
be exe	cian an	ior to b	гаита
tificate	g physi	iene pri	ther to
ath ce	ttendin	tal Hyg	, or 0
the de	y the a	Men Men	Injur
es that	gned b	ealth ar	s any
requir	been si	t. of He	show
The law	te has	ite Dep	вт 23
ICIAN:	ertifica	the St	1 10 H
3 PHYS	r this	th with	arked
ENDIN	R: Afte	ter dea	E SI
DR ATT	JINECTC	ours af	ет 28
) THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extrours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOS	E FUNE	d within	RTAN
TH OT	H C	be file	IMP0

94 34995 Item6 11-29-94 FilmG717 W./H Per F/H 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH WEHRENBERG ILLI AM 7.40 PM 2 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F 91 IEBEWU. OCT. 12, 1903 **GERMANY** 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR GOOD SAMARITAN HOSPITAL BALTIMORE 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10i. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3020 NORTHWAY DRIVE 21234 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2Y NO IF YES, GIVE WAR OR DATES ВУ 3√ Widowed 4 □ Divorced 1 TES 2 NO Specify Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) 12 MACHINIST ELLICOTT MACHINE CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam ERNST AUGUST FRIEDRICH WEHRENBERG SOPHIE MINNA MARIE HENTSCHEL BE 19a. INFORMANT'S NAME (Type/Print) 9 MICHELE PENCE 331 OVERLEA PLACE ABINGDON, MD. 21009 20s. METHOD OF DISPOSITION
1 □ Burlet 2 V Cremetion 3 □ Removal from State
4 □ Donation S □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE METRO-CREMATORY NOVEMBER 23, 1994 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME TWOUG 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween **Quset and Death** IMMEDIATE CAUSE (Final evebra disesse or condition anoxia Mins resulting in desth) DUE TO (OR AS A CONSEQUENCE OF DWa LUP est CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATHS 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one HOSPITAL OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 I DOA Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural М ВУ 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) ETED. 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPL 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pripa)

STATE SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pripa)

STATE SIGNATURE

29c. LICENSE NUMBER

BE

2

NOV 29199

29d. DATE SIGNED (Month, Day, Year)

94

	B0
	0
	S, P
	RECORDS
	REC
	ITAL F
	>
	9
_	o
F	3

inding physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
the hospital or att	detached for use	once.
y be retained by the ho	age 5 should be	be notified at
th. Page 6 may be ret	eral director, p	miner must
ours after deal	illed in by the funeral director, page 5 s	nedical exa
ed within 24 h	an and completely filled	event, the
cate be execut	in and in	our main it from 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examine
he death certif	the attending physicia	njury, or oth
he law requires that th	RECTOR: After this certificate has been signed by the att	shows any i
-	Tificate has b	or item 23
NDING PHYSICIA!	After this cer	s marked, (
OR ATTE	THE FUNERAL DIRECTOR: After this lad within 72 hours after death with	f item 28 i
HE HOSPITAL	HE FUNERAL DIRECT	ORTANT: 1

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  ALBERT  LEON			ZACHARY			2. DATE OF DEATH MONTH NOV 22 1994YEAR		
	4. SOCIAL SECURITY NUMBER 219-42-6126  90. FACILITY NAME (If not institution, give stre	YRS.	IF UNDER 1 YEAR IF I	JRS MIN.	DEC. 17,1909 DE		BIRTHPLACE (State or Foreign Country) ENISON, TEXAS		
TOR	Saint Joseph Hosp				on, Maryle		9c. COUNTY OF Ball	imore	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1XX YES 2 \( \text{NO}\) NO		
FUNERAL	100. STREET AND NUMBER  1247 WEST 37TH ST	RFFT		101. ZIP CODE 10g. CITIZEN OF WHA					
BY	11. MARITAL STATUS 1 Never Married XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XX YE IF YES, GIVE WAR OR	R IN U.S. ARMED S 2 NO OATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE - Ameri					
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	life. Do NOT use	rk done during most of retired.)		16b. KINO OF BUS			
OMPL	12 17. FATHER'S NAME (First, Middle, Last)	2	BRANCH MAIN	AGER/REGISTI		SOCIAL SEC			
B	ALBERT N. ZACHARY  194. INFORMANT'S NAME (Type/Print)	<u> </u>	Last Mallinia	V.	COLA PERRI	<u>IN</u>			
10	VIRGINIA Y/ ZACHARY			DDRESS (Street and No T 37TH STREE		100			
	4 Donation 5 Other (Specify)	1XXBuriel 2 Cremetion 3 Removal from State Cameters, crematory or other place).							
	21. SIGNATURE OF FUNERAL SERVICE LICE	oral Hon	77	LASSAHN FL	INERAL HON		MARYIANIN 2	1236	
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac Dr reepiratory erreet, interval Between Onset and Death disease Dr condition resulting in death)  Approximate interval Between Onset and Death 3 MON.  Due to (or as a conscouence of):								
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	RENAL FAILURE \ GASTROINTESTINAL BLEEDING					b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN:	DID TOBACCO USE CONTRI		OF DEATH YES		INCERTAIN				
SICI	EXAMINER?	HOSPITAL:	(	OTHER:	☐ Residence 6	Other (Specify)			
	27. MANNER OF DEATH  1 Pending	28e. DATE OF INJUR (Month, Day, Year				Bd. DESCRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)  28f. LOCATION (Street and Number or Flura City or Town, State)						Route Number,		
COMPLETED		AN: To the best of my kno						e) and menner as stated,	
TO BE CO	2 MEDICAL EXAMINER: On the basis of exemination and/or 29b. SIGNATURE AND TITLE OF CERTIFIER  20 MANE AND TOTAL OF CERTIFIER			29c. LICENSE NUMBER D 41410			29d. DATE SIGNED (Month, Day, Year)  11 - 32 - 94		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JOGINDER P. MEHTA, MD ST. JOSEPH MEDICAL CENTER TOWSON, MARYLAND  31. DATE FILED (Month, Day, May)  NOV 2 9 1994								204	

0	
15-0020	
0	
O	
- 1	
S	
2121	
CA	
21	
N	
AND	
=	
~	
4	
- 1	
$\overline{}$	
~	
MARYL	
P	
5	
112	
ш	
0	1
E	
2	
	1
Γ.	
-4	
⋖	
BALTIMORE,	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

urs after death. Page 6 may be retained by the	in by the funeral director, page 5 should be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to be taken the completely filled in by the funeral director, page 5 should be to be taken to be tak
TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certif

NOV 3 0 1994

		1 - STATE REGISTRAR		STATE OF MA				HEALTH AND F DEATH	MENTAL HYG REG.			
		1. DECEDENT'S NAME (First, M Jessie	liddle, Lest)	Jessie  onzc		arte	Alo	nzo	2. DATE OF DEAT		3-943 YEAR	8:07 A M
P	стоя	4. SOCIAL SECURITY NUMBER 467 12 38	14 1	M 2 🗆 F	AGE (In yrs.	last birtnday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, You H/H/	19	8. BIRTHPL Country)	ACE (State or Foreign
2, 3 should		99. FACILITY NAME (If not institute that he has he had he	lospit	1 1	ter		Bulti.	n or location of D	DEATH	100	Itimo	NT A
Pages 1,	DIREC		Ob. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				Dd. INSIDE CITY
if. Pa	1	Maryland		na			Ва	ltimore			1	LIMITS?
it permit.	RAL	100. STREET AND NUMBER 524 N	Char	100	Stre	- t-		10f. ZIP CODE	. 1	10g. CIT		AT COUNTRY?
physician. burial-transit	UNER	11. MARITAL STATUS	-	LES :			13 WAS D	2120 ECENDENT OF HISPA		Yes or No		JSA - American Indian,
attending physician. se as the burial-tran	BY F	1 Never Merried 2 M 3 Widowed 4 Divorce	erried	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2	NO	If yes,	specify Cuben, Mexic ES 2 NO Speci	an, Puerto Rican, etc	)	Black, \ Specify:	White atc.
Se at	TED		ENT'S EDUCAT		16a.	(Give kind of	USUAL OCCUPA work done during		16b. KIND OF	BUSINESS/INI	DUSTRY	
e jo	PLET	Elementary/Secondary (0-12	2)	College (1-4 or 5+)	-,7	116. DO NOT U		vner				
the hospit detached once.	COMP	17. FATHER'S NAME (First, Mide					Mean		AME (First, Middle, Ma	iden Surname)		
	ш	ALON-	20, -	Jessie	51	5.		mar	ia Al	on zo		
be retained by ge 5 should be e notified at	0	19a. INFORMANT'S NAME (Type	e/Print)			19b. MAILING		et and Number or Rural				
y be re page 5 be no	_	Mrs Mary		0				rles St				
e 6 ma rector, p		20b. METHOD OF DISPOSITION  1 D Burlei 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State										
- e - e		21. SIGNATURE OF FUNERAL SERVICE LICENSEER (nald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W. Baltimore St, Balto, MD21201										
E E		23. PART I. Enter the disc ehock, or hea	eses, or con rt feilure. Lie	nplications that controlled the cont	eused the	desth. Do	not enter the	node of dying, su	ch ss cardlec or r	eepiratory er	rest,	Approximets Interval Between
# € €		IMMEDIATE CAUSE (Fine disease or condition		1.1			1 0	la -				Onset and Death
ompletely fille f, cremation, event, the		DUE TO (OR AS A CONSEQUENCE OF):										
B 2 2 5	z											
	CATION	Sequentially flat condition if any, leading to immediate	ete			SEQUENCE O						
ficate be e physician ine prior to her traum		cause. Enter UNDERLYING CAUSE (Disease or Injury		DUE TO (OF	1 40 4 000	SEQUENCE O						
he death certificate be the attending physicia Mental Hygiene prior njury, or other trau	RTIFI	that initieted events resulting in death) LAST		DOE 10 (OF	AS A CON	SECUENCE O	r):					Ì
death atter	8		d									+
y and	SAL	PART II. Other significent					in the underly	ing ceuse given in	Pert I. 24a. WA	S AN AUTOPSY REORMED?	A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO
een signed by of Health an	EDIC	Gastrois	- HEST IN	ul ble	20/10	7			1 🗆 YE	S NO	0	OMPLETION DF CAUSE F DEATH?
SICIAN: The law requires th certificate has been signed in the State Dept. of Health in or item 23 shows an	N: ME	DID TOBACCO	USE CC	NTRIBUTE 1	O CA	USE OF	DEATH	YES NO			1	YES 2 THO
N: The law icate has t State Dept item 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:				PLACE OF DEATH (C	heck only one)			
or its	> I	1 YES 2 NO		M Inpetient 2 - El	R/Outpatien	3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify			
sir vitt	Y PH	27. MANNER OF DEATH  1 Netural 5 Pe 2 Accident Im	ending restiguition	28a. DATE OF IN. (Month, Day,		28b. Tia	JURY	NJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE H	OW INJURY OC	CURED	
TOR: A after d after d	TED B	3 Suicide 8 Co	ould not be termined	26e, PLACE OF If building, etc	JURY — A . (Specify)	home, term,	street, factory, o	ffice	26t. LOCATION (St. City or Town,	reet and Numbe State)	r or Rural Rou	te Number,
≰ <u>₹</u> ₹ ₹	COMPLE							ate and place, and du				nd manner as stated.
TO THE HOSP! TO THE FUNEP DE filed within	w	29b. SIGNATURE AND TITLE O	FCERTIFIER					29c. LICENSE NO	IMBER	29d. DAT	E SIGNED (A	fonth, Day, Year)
THE DE FINE POR	TO B	30. NAME AND ADDRESS OF F	PERSON WHO	M.D. P		ITEM 27) (Type	. Print)			<b>▶</b> 1	1/28	797

0
~
0050
Ö
0
2
21
CA
<u> </u>
64
Z
4
7
≥ .
V
=
2.1
ш
Œ
OM
=
Γ.
7

68760,

×	
0	
BO	
_	
0	
$\sim$	
۵	
S	
$\alpha$	
$\overline{\Box}$	
SECO	
$\sim$	
R	
Щ	
TAL	
$\vdash$	
H	
>	
4	
0	
=	i
Z,	ı
$\alpha$	
74	
4	
>,	١
=	1
ш.	

TO THE HOSPITAL OF ATTENDING PRINCIAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DELICHMENT IN SECTION AND A SECTION OF THE PROPERTY

1	•	FOR STATE REGISTI	RAR
-	1. D	ECEDENT'S	NAI

	REGISTRAR	Ci	ERTIFICATE	OF DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)	A	1		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH			
	FLOUD.	U. NO	Ndams.				1 106/A M			
	4. SOCIAL SECURITY NUMBER 5. 18 - 07 - 6706	SEX 6. AGE (In yrs. les	YRS. F UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	15	Sountry) S. C.			
DIRECTOR	98. FACILITY NAME (If not institution, over street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH									
5	10a. STATE 10b. COUNTY	10d, INSIDE CITY								
ā	1114		1 Da	110			1 VYES 2 NO			
FUNERAL	3763 Cal	REET AND NUMBER 101. ZIP. COPE 109. CITIZEN OF WHAT CO. 21215 U.S.								
Ę	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13. W	AS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Y	ea or No — 14. [	RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	☐ YES 2 NO Specif	y:	3	Specify: Black			
TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	mpleted)	CEDENT'S USUAL OCC		16b. KIND OF B	USINESS/INDUSTI	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Diectiv	nist	Motio	in Pic	ture Industry			
CON	17. FATHER'S NAME (First, Middle, Lest)	1		18. TRETHER'S NA	ME (First, Middle, Meide	m Surname)	1			
BE	19a. IMPORMANT'S NAME (Type/Print)	dams		Dess		10140				
2	Tratten L	· Adams 5	5406	(Street and Number or Rural	Route Number, City or To	own, State, Zip Code	1 1000/			
1	20a METHOD OF DISPOSITION  1 Department 2 Cremation 3 Removal	20b.PtACEA	AND DATE OF DISPOSE		DATE 20c. L	OCATION - City				
	□ Donetion 5 □ Other (Specify)	1.000	matery or pities place)	ovest let.	1494 (	Wing	Mills, md			
	21. SIGNATURE/OF FUNERAL SERVICE LIGENS	M	22. N	AME AND ADDRESS OF FA Harch Fit 4300 Wa	F- West					
	22 BADT i Enter the diseases or see	March				tre				
		t only one cause on each line	ath. Do not enter t	ne mode of dying, suc	h as cerdiac or ree	piratory arrest,	Approximate interval Between Onset and Death			
	immediate cause (Finel disease or condition reaulting in death)  e. Candrac arrest Respiratory are st									
	DOE TO (ON AS A CONSECUENCE OF):									
NOI	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events recuiting in deeth) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):							
GE	d,_									
DICAL	PART ii. Other eignificent conditione conditione	ontributing to death but not re	eeulting in the und	leriying cause given in	Pert i. 24a. WAS A	N AUTOPSY DRMED?	245. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ğ					1 YES	2 NO	COMPLETION OF CAUSE DF DEATH?			
: WE	DID TOBACCO USE CONTRIB	LITE TO CALISE OF DEA	TH VEC II N	O D UNICEPTAIN			1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (Check on		1 1 1					
Sic		OSPITAL:  Inpatient 2 ER/Outpatient 3	OTHER:		6 Other (Specify)					
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		RBC. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCURE	D			
BY	1 Netural 5 Pending 2 Accident Investigation		М	1 YES 2 NO						
- 11	3 Suicide & Could not be determined	28s. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, factor	ry, office	281. LOCATION (Street City or Town, State	end Number or Au 9)	iral Route Number,			
E.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the beat of my knowledge, dea	ath occurred at the tim	ne, date and place, and due	to the cause(s) and m	enner ee stated				
COMPLETED		on the beele of examination and/or is					see(e) and menner as stated.			
BE C	296 SIGNATURE AND TITLE OF BERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)			
10	LOUGERS N F	1800	D	D26	527	11-	28-74			
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM	(27) (Type, Print)	RE CRU	11 2 4 1	10 2	174			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	- WAM	KE CRO	MASIN	40	0.13			
	NOV 3 0 1994 51	· As is O					ŀ			

BALTIMORE, MARYLAND 21215-0020

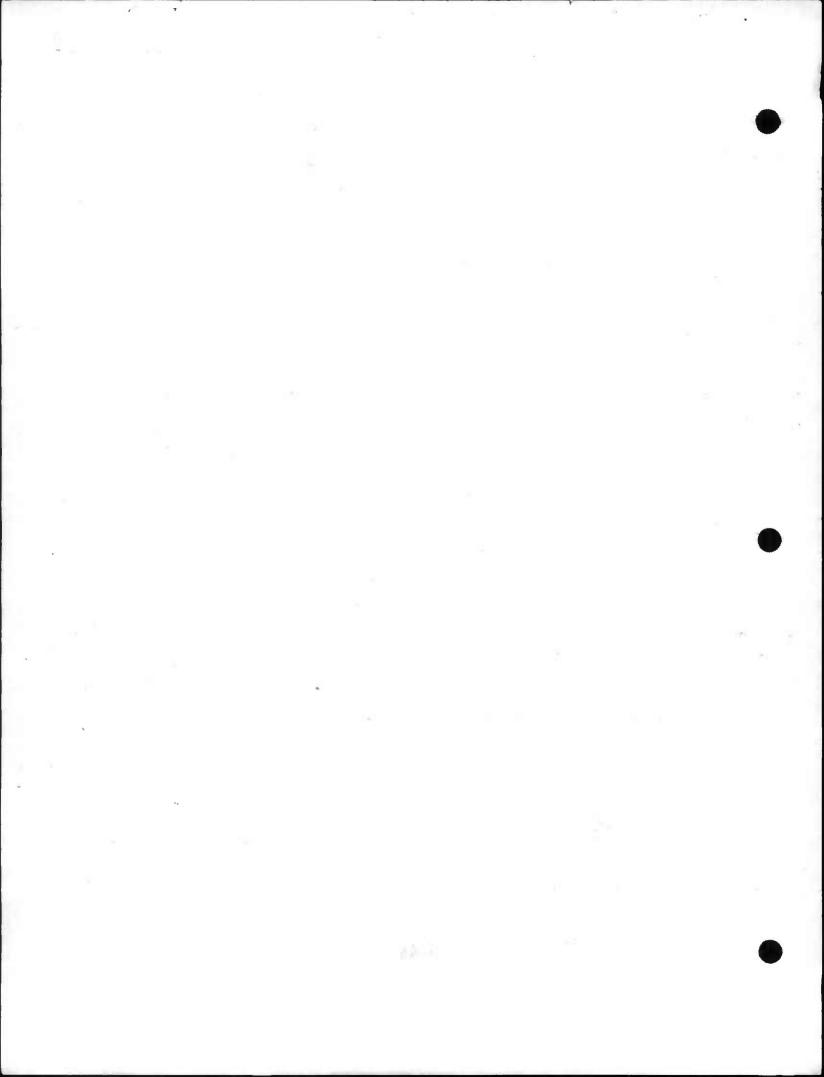
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fourty feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR	IYLAND / DEPARTMENT	OF HEALTH A	ND MENTAL HYGIENE
	CERTIFICATE	OF DEATH	H REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG, NO.							
	1. DECEDENT'S NAME (First, Middle, Last)		Uma	AGN	NU-	2. DATE OF DEATH DO NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	-	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 1 M 2 - F	rs. lest birthday) YRS.		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		7 // 40
CTOR	96. FACILITY NAME (If not institution, bive str	Pi Aj		BA / Y	LOCATION OF DE	( , ,	BAL+1	more aty
DIRECTOR	Md.	Baltimore	10c. CIT	Woodla				10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	10e. STREET AND NUMBER 7 Armi	tage Court		101. 2	ZIP CODE 2 1	2 4 4	10g. CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	2 NO		ify Cuban, Mexicen	IC ORIGIN? (Specify Yes n, Puerto Ricen, stc.)		E-American Indian, ek, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 20mpleted) 15 College (1-4 or 5 +)	Ge. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most be retired.)	of working	16b. KIND OF BUS	SINESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Emea		Uma		1/.	ME (First, Middle, Meiden	Sumeme) WU	
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street end	i Number or Rural R	loute Number, City or Tow	n, State, Zip Code)	
	20e. METHOD OF DISPOSITION  1  Buriet 2  Cremetion 3  Remo 4  Donation 5  Other (Specify)	vat trom State cemete	ry, crematory or o	of Disposition (Name the place) + 05 pi + 4	e o 1	DATE 200. LO	CATION — City or To	mD
	21. SIGNATURE OF FUNERAL SERVICE LICE	Hospital	/	22. NAME AND	ADDRESS OF FAC	BEIVE	dere-	Rd.
	23. PART I. Enter the diseases, or co shock, or haert failure. L IMMEDIATE CAUSE (Final	lst only one cause on each	ilne.	0			ratory arrest,	Approximate Interval Batween Onset and Death
	disease or condition - a. 2/ Week frematurity 3 hours							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.							
AL	PART II. Other algnificent conditions	contributing to death but	not resulting i	in the underlying	ceuse given in i	Part I. 24s. WAS AN PERFOR		D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	DID TORACCO LICE C	ONITRIBUITE TO C	AUG 07	D-1-11 M		1 YES 2	The state of the s	OF DEATH?  1 YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINER?	HOSPITAL:	ent 3 🗆 DOA	OTHER: 4   Nursing Home				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJUF URY WORK	RY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
	3 Sulcide 6 Could not be datermined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, s	street, fectory, office		28t. LOCATION (Street ( City or Town, State)	and Number or Rural	Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the ceuse(s) end menner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.							
TO BE (	296. SIGNATURE AND TITLE OF CENTIFIED	cum M.	D.		D31550		29d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON VINO			Print)			/	1
	31. DATE FILE DEC 0.1 1994	32 REGISTRAR'S SIGNATU	Gold -					



-	
0.4	
$\sim$	
$\circ$	
B	
ш	
_	
0	
_	
Δ.	
-	
_	
4.0	
(C)	
-	
000	
ш.	
0	
10	
$\circ$	
0.0	
8	
ce	
-	
7	
1	
4	
$\vdash$	
<u>'</u>	
=	
>	
-	
LL	
=	
_	
-	
~	
0	
U	
_	
10	
U)	
_	
>	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with constructed and the requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH
	ELMER RAY	AY ANDERSON			11 2	8 9	4 4 A M	
	210-10-2/1/-/1	5. SEX 6. AGE (in )		UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a, FACILITY NAME (if not institution, give a	7.		CITY TOWN O	R LOCATION OF DI		1924 1	Vorth Carolina
BC	-11-10	FRAL HOSPITA		FALLST	TON			FORD
ظ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	RESIDENCE OF DECEDENT						
DIRECTOR		RFORD	0	OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	IVG, HARFORD BEIAIT					10a, CITIZEN	1 TES 2 NO	
FUNERAL	1601 FOUNTAI	N Green R	9		2101	5		)SA
FU	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES				Specify:
	15, DECEDENT'S EDU	CATION 1	se. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos etired.)	t of working	NA 11	D. A.	
MP	8					Martin Marrieta		
	17. FATHER'S NAME (First, Middle, Last)	17-0				ME (First, Middle, Malden		
BE	19a. INFORMANT'S NAME (Type/Print)	NDERSON	19h MAILING AD	DRESS /Street of	EFF		INS	
임	LARRY J. Ande	erson	1601	Section 2			or Yourn, State, Zip Code)  J BELAIR 21015	
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram	20b.Pl	ACEANDDATEGED	ISPOSITION /A/a/	210.01	DATE 200 10	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Roc	ry, crematory or other KSPRING	SBAPTI	ST Church	12/1/94 Rac	KSPRIN	165, PA.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	CILITY BELA		
	<u> </u>			3 NE	W PORT	DR. Fores	+ HILL,	
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that caused the List only one cause on each	na daath. Do not h Ilna.	entar tha mod	ia of dying, suc	h as cardisc or respi	ratory screat	, Approximata Interval Between
	IMMEDIATE CAUSE (Final Onset and Death							
	resulting in death)							12 Monda
z	metabolic encephalopathy 4 months							
일	If any, leading to immediate							
걸	csuse, Enter UNDERLYING CAUSE (Disesse or Injury	E TO HOUR BY A CO	ONSEQUENCE OF:	cer	ma			Frank
CERTIFICATION	that initiated events resulting in death) LAST	CO	PD					2 years
	DADT II. Other significant and distant	The state of the s						
CAL	PART II. Other significant condition	s contributing to death but	not resulting in t	he undarlying	causa given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED			711400			1 TYES 2	MO	COMPLETION OF CAUSE OF DEATH?
. E	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YES	M NO I	UNCERTAIL		'	1 TES 2 TONO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
YSIC	1 TES 2 NO	HOSPITAL: 1 □ Inpetient 2 □ ER/Outpetie		THER:  Nursing Home	5 🗆 Residenca	8 Other (Specify)		
F	27. MANNER OF ØEATH  1 ☑ Natural 5 ☐ Pending	(Month, Day, Year)	28b. TIME OF	WOF	IK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	2 Accident Investigation	28e. PLACE OF INJURY —	At home, farm, stree	M 1 Y	ES 2 NO	281 LOCATION (Street	and Number of	Permit Character Attumban
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29s. CERTIFIER (Check only Check on Chec							
OM	(Check only one)  2 MEDICAL EXAMINER: On the besis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
ш	29b. SIGNATURE AND TITLE OF CENTIFIER							GNED (Month, Djey, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (ISOS PATH (ITEM 27) (Type Print)							1/28/44	
7	30. NAME AND ADDRESS OF PLASON WHO	C , COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	7 17	16 Has	ford Ros	1 Fx	elston HP21047
	NOV 3 0 1994	32. REGISTRAR'S SIGNATU						

